

Health & Safety Questionnaire

By attending this event, you agree to abide by and engage in designated health & safety protocols while attending this event. This includes, but is not limited to: temperature checks, wearing a mask at all times, social distancing, and not attending the event if you are ill or have been recently exposed to COVID-19.

Health Screening

Have you experienced any of the following symptoms in the past 48 hours?

- | | | |
|-------------------|--|---------------------------------|
| - Fever or Chills | - Shortness of
Breath/Difficulty
Breathing | - New Loss of Smell
or Taste |
| - Cough | | |

Within the past 14 days, have you been in close physical contact (6 feet or closer) with a person that has since tested positive for COVID-19 or is experiencing symptoms consistent with COVID-19?

Have you had a positive COVID-19 test in the past 10 days, or are you awaiting test results?

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self quarantine because of COVID-19?

By signing below, I attest that the answer to each question above is NO.

Signature

Date

Print Name