

| MANDATORY COVID-19 SYMPTOM SCREENING FORM   |   |           |
|---|---|-----------|
| This form must be printed, completed and turned in at check-in the day of the event   | Please Circle the answer  |           |
| <b>1) Is the participant</b> experiencing any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li> <li>• congestion or runny nose</li> <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul> | <b>YES</b>  | <b>NO</b> |
| <b>2) Is the participant</b> isolating or quarantining because s/he tested positive, may have been exposed to a person with COVID-19 or is worried that s/he may be sick with COVID-19?   | <b>YES</b>  | <b>NO</b> |
| <b>3) Is the participant</b> fully vaccinated OR has the participant recovered from a documented COVID-19 infection in the last 3 months? <i>To be considered fully vaccinated, you must be ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine.</i>  | <b>YES</b>  | <b>NO</b> |
| <b>IMPORTANT: IF YOU ANSWERED “YES” TO QUESTION 3 AND “NO” TO QUESTIONS 1 &amp; 2, PLEASE SKIP QUESTIONS 4 &amp; 5. YOU ARE APPROVED TO ATTEND THE EVENT TODAY.</b>   |   |           |
| <b>4) Within the past 14 days, has the participant</b> been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19? <b>OR</b></li> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul>   | <b>YES</b>  | <b>NO</b> |
| <b>5) Is the participant</b> currently waiting on the results of a COVID-19 test?   | <b>YES</b>  | <b>NO</b> |
| If the participant IS NOT fully vaccinated, did you answer NO to ALL QUESTION?  | Permission to attend the event today: <b>APPROVED</b><br>Please bring this completed form with you the event check in today.  |           |
| If the participant IS NOT fully vaccinated, did you answer YES to ANY QUESTION?   | Permission to attend the event today: <b>NOT APPROVED</b><br>On the basis of the information you have provided, the participant needs to be evaluated by a professional healthcare provider before joining the event. Please contact event coordinators to inform him/her of the participant approval status. |           |

First & Last Name: \_\_\_\_\_

Signature (parent/guardian for minors): \_\_\_\_\_ Date: \_\_\_\_\_