Self-Reporting Survey

In the two weeks prior to your scheduled activity have you felt sick, or have you been in close contact with someone who has COVID-19?

You have been in close contact if you have:

a. been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24-hour period or
b. provided care at home to someone who is sick with COVID-19 or
c. had direct physical contact (hugged or kissed) with someone who has COVID-19.

Yes or No: ________

Have you experienced any of the following symptoms (Yes or No):

Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea

In all cases – if an individual answers yes to any of the questions or has a fever they should be asked to leave to return when they are well, do not have any symptoms and have not been around others who had COVID-19.