

**Pre-event Attendance Participation
COVID-19 Questionnaire
One Form Required Per Event Attendee**

Event Attendee Name:

Attendee's Email:

Attendee's Phone Number:

Date of Attendance:

Address: _____

Have you been ill in the last 3 weeks? Yes: explain: _____ No

Have you experienced any of the following symptoms over the last 3 weeks?

Symptom:

Fever Yes: explain: _____ No

Body Chills Yes: explain: _____ No

Extreme Fatigue Yes: explain: _____ No

Cough Yes: explain: _____ No

Pain/Difficulty Breathing Yes: explain: _____ No

Shortness of Breath Yes: explain: _____ No

Sore Throat Yes: explain: _____ No

Body/Muscle Aches Yes: explain: _____ No

Loss of Taste/Smell Yes: explain: _____ No

Changes in Vision/Eye Discharge Yes: explain: _____ No

Have you been or are you currently diagnosed with COVID-19 within the last 30 days?
 Yes: explain: _____ No

Have you been self-quarantined due to suspected exposure or symptoms of COVID-19 within the last 30 days?
 Yes: explain: _____ No

By signing below, I acknowledge that:

- **This form has been completed within the 24 hour period preceding the event**
- Attendance at this event is voluntary
- Temperature and symptom checking will be required upon arrival
- At-home COVID-19 screening should be done before leaving the home
- Those with a temperature at or above 100.4 will not be permitted to attend
- I will wear a mask at all times for indoor events
- I will wear a mask during outside events when not socially distanced and stationary

Signature: _____

Date: _____