

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: _____ School Affiliation: _____

Event (Circle One):

Varsity Football	Varsity Girls' Soccer	Varsity Volleyball
JV Volleyball	JV Football	JV Girls Soccer
Freshmen Volleyball	MS Football	MS Volleyball

Have you been ill in the last 3 weeks? Yes – If Yes, Explain _____ No

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

Symptom:

Fever Yes – If Yes, Explain _____

No

Body Chills Yes – If Yes, Explain _____ No

Extreme Fatigue Yes – If Yes, Explain _____ No

New Uncontrolled Cough Yes – If Yes, Explain _____ No

Pain/Difficulty Breathing Yes – If Yes, Explain _____ No

Shortness of Breath Yes – If Yes, Explain _____ No

Sore Throat Yes – If Yes, Explain _____ No

Body/Muscle Aches Yes – If Yes, Explain _____

No

Loss of Taste/Smell Yes – If Yes, Explain _____ No

Changes in Vision/Eye Discharge Yes – If Yes, Explain _____ No

Have you been or are you currently diagnosed with COVID-19? Yes No

Have you been self-quarantined due to suspected exposure or symptoms of COVID-19? Yes 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

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- I will wear a mask during outside events when not socially distanced and stationary

Signature: _____ **Date:** _____