



## COVID-19 SCREENING QUESTIONNAIRE

In order to protect you\* and others, we require all participants and staff at today's TRR-sponsored event to answer these questions.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ONLINE COVID SCREENING COMPLETED: YES NO

TEMP \_\_\_\_\_

Screening Questions	Day of Event Questions
Do you have a cough?	YES NO
Are you having shortness of breath or any difficulty breathing?	YES NO
Do you have a fever (100.5 F or above), or have you felt feverish recently?	YES NO
Are you experiencing chills?	YES NO
Are you experiencing muscle pain?	YES NO
Do you have a sore throat?	YES NO
Do you have any recent loss of taste or smell?	YES NO
Are you experiencing nausea, vomiting, or diarrhea?	YES NO
Have you been experiencing headaches?	YES NO
Do you have any other flu-like symptoms?	YES NO
Are you in contact with anyone who has been confirmed to be COVID-19 positive?	YES NO
Have you traveled in the past 14 days to any regions/hotspots affected by COVID-19?  CDC New Cases in the last 7 days > 8,000 <a href="https://www.cdc.gov/covid-data-tracker/#cases">https://www.cdc.gov/covid-data-tracker/#cases</a>	YES NO
Have you been tested for COVID-19? If yes, what was the result?	YES NO   POS NEG

Are you over the age of 65?	YES NO
Other:	

\*Please wear your mask when on land and keep 6' apart on land and on the water.

! It is important for you to contact us by text, call or email if you develop symptoms or have been diagnosed with COVID-19.