



COMPETITOR LAST NAME

COMPETITOR FIRST NAME

SIGNATURE OF COMPETITOR OR PARENT/LEGAL GUARDIAN FOR MINOR

## COVID COMPETITOR MEDICAL QUESTIONNAIRE

**This SIGNED sheet MUST be completed PRIOR to entering park and turned in when picking up competitor packet. Competitors Or Parents/Legal Guardians MUST turn in to receive packet.**

Date \_\_\_\_\_

Temperature (° Fahrenheit) taken on October 3, 2020: \_\_\_\_\_

### CIRCLE YOUR ANSWERS:

1. **Have you or someone you have come in contact with been to or returned from international travel in the past 21 days?** YES NO

2. **Are YOU experiencing, or have you experienced any of the following symptoms in the past 14 days?**

- Fever
- Cough
- Muscle Aches and Tiredness
- Difficulty Breathing

YES NO

3. **Have you BEEN IN CONTACT WITH ANYONE who is or has experienced any of the following symptoms in the past 14 days?**

- Fever
- Cough
- Muscle Aches and Tiredness
- Difficulty Breathing

YES NO