Participants should review this document before attending any in-person activity.

Upon arrival and during the screening process, each participant **MUST** be asked these questions prior to entering the activity area or facility.

If any participant answers **YES** to any of these questions, they should be isolated from the group and sent home immediately.

**IN THE LAST 14 DAYS, HAVE YOU HAD CONTACT WITH SOMEONE WHO HAS BEEN SICK WITH COVID-19?**

**HAVE YOU HAD A FEVER IN THE LAST WEEK (TEMPERATURE 100.4°F OR HIGHER)?**

**DO YOU HAVE A COUGH AND/OR DIFFICULTY BREATHING?**

**DO YOU HAVE ANY OF THE FOLLOWING COVID-19 SYMPTOMS?**

- FATIGUE
- MUSCLE OR BODY ACHES
- HEADACHE
- NEW LOSS OF TASTE
- NEW LOSS OF SMELL
- SORE THROAT
- CONGESTION OR RUNNY NOSE
- NAUSEA
- VOMITING
- DIARRHEA

**HAVE YOU BEEN ASKED TO SELF-ISOLATE OR QUARANTINE BY A MEDICAL PROFESSIONAL?**