



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?