

**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:
Event (Circle One):

Varsity Football	JV Football
Varsity Girls' Soccer	JV Volleyball
Varsity Volleyball	Cheerleading

Have you been ill in the last 3 weeks? Yes: explain: _____ No

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

Symptom:

Fever Yes: explain: _____ No

Body Chills Yes: explain: _____ No

Extreme Fatigue Yes: explain: _____ No

New Uncontrolled Cough Yes: explain: _____ No

Pain/Difficulty Breathing Yes: explain: _____ No

Shortness of Breath Yes: explain: _____ No

Sore Throat Yes: explain: _____ No

Body/Muscle Aches Yes: explain: _____ No

Loss of Taste/Smell Yes: explain: _____ No

Changes in Vision/Eye Discharge Yes: explain: _____ No

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

Have you been self-quarantined due to suspected exposure or symptoms of COVID-19?
 Yes: explain: _____ No

List any states outside of Kentucky to which you have traveled since March 2020: _____

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 (inside and outside) when at an athletic event

Signature: _____

Date: _____