

**ARKANSAW HIGH COUNTRY RACE
COVID-19 SCREENING QUESTIONNAIRE**

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other riders.

This form is to be completed on October 30, 2020.

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|-------|
| Name: |
|-------|

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|-----------------------------|
| Phone Number (mobile/home): |
|-----------------------------|

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|---|---|
| 1 | <p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting</p> |
| 2 | <p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| 3 | <p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| 4 | <p>Have you been tested for COVID-19 in the last 14 days?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| 5 | <p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Date: 10/30/20

