

**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	Freshmen Football
Varsity Girls' Soccer	JV Girls' Soccer	Freshmen Girls' Soccer
Varsity Boys' Soccer	JV Boys' Soccer	Freshmen Boys' Soccer
Varsity Volleyball	JV Volleyball	Freshmen Volleyball

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 check 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.

Signature (Parent/Guardian if under 18): _____ **Date:** _____