

# START FINISH

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Have you experienced any of the following symptoms in the past 48 hours:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are you worried that you may be sick with COVID-19?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Are you currently waiting on the results of a COVID-19 test?

**If you answered NO to ALL QUESTIONS, access to the race is APPROVED.**  
**If you answered YES to ANY QUESTION, OR IF SYMPTOMS ARISE BEFORE THE RACE, access to the race is NOT APPROVED.**

*Thank you for helping us protect you and others during this time.*

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Signature

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Date

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Bib #