

Seattle Outboard Association *DAILY* COVID-19 Screening for site entry.

(FOLLOWING COVID GUIDELINES)

NAME: _____

TEMPERATURE SCREENING:

#1: _____
#2: _____

PLEASE READ EACH
QUESTION CAREFULLY

CIRCLE ANY SYMPTOM THAT APPLIES ****
ONLY IF THIS SYMPTOM IS OUT OF THE
NORMAL FOR YOU****

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
* CONGESTION OR RUNNY NOSE		* NAUSEA	* VOMITTING	* DIARRHEA	* SORE THROAT	

Within the past 14 days, have you been in close physical contact with:

- Anyone who is known to have laboratory-confirmed COVID-19?
- OR • Anyone who has any symptoms consistent with COVID-19?

YES

NO

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

YES

NO

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

YES

NO

**** Any "YES" answers IN A VEHICLE will restrict entry into race site for the entire event FOR ALL PERSONS IN THAT VEHICLE ****

Event Name: _____ Location: _____

DAY 1

Todays Date: _____ Circle: M Tu W Th F Sa Su
Print Name: _____ MINOR? YES or NO

Signature: (Parent or Guardian if Minor): _____

Wrist Band given to entrant? YES or NO Officials initials: _____

DAY 2

Todays Date: _____ Circle: M Tu W Th F Sa Su
Print Name: _____ MINOR? YES or NO

Signature: (Parent or Guardian if Minor): _____

Wrist Band given to entrant? YES or NO Officials initials: _____

DAY 3

Todays Date: _____ Circle: M Tu W Th F Sa Su
Print Name: _____ MINOR? YES or NO

Signature: (Parent or Guardian if Minor): _____

Wrist Band given to entrant? YES or NO Officials initials: _____