



COVID-19 Symptom and Risk Assessment for Events and Activities

1. Have you been tested for COVID-19 and are waiting for test results?
2. Are you currently under quarantine because you were around a person who tested positive for COVID-19?
3. Have you been around anyone, including household members, in the last 2 weeks who has tested positive for COVID-19?
4. Anytime in the last 10 days (including today), have you experienced any of these symptoms of COVID-19?

Fever or chills

Cough

Shortness of breath

Difficulty breathing

Fatigue

Muscle or body aches

Headache

Loss of taste or smell

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

**If you answer yes to any of the questions above,
stay home and limit your exposure to other people.**