

Promise Land 50K COVID-19 Symptom Check

Contact Info

Name: _____

Phone #: _____

Racer Volunteer Support Crew

TEMP _____

Initial ____ Time _____

Health Questions

According to the U.S. Center for Disease Control and Prevention & the World Health Organization, COVID-19 symptoms may include:

Fever or chills Muscle or body aches Congestion or runny nose

Cough Headaches Nausea or Vomiting

Shortness of Breath or Difficulty Breathing Loss of taste or smell

Fatigue Sore Throat Diarrhea

- 1) Are you experiencing any of the COVID-10 related symptoms noted above that you CANNOT attribute to a known cause ? YES NO
- 2) Are you living with or caring for an individual who is a suspected or confirmed case of COVID-19 ? YES NO
- 3) Have you been in contact with anyone known or suspected to have COVID-19 in the last 14 days ? YES NO
- 4) Have you tested positive for COVID-19? YES NO
- 5) Have received the COVID-19 Vaccine? YES NO

Certification

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

Signature: _____ Date: _____