

**GREEN MOUNTAIN COUNCIL
PRE-EVENT SCREENING CHECKLIST***

All participants are required to submit this form.

Participant Name: _____	Unit Number: _____
Address: _____	
Phone: _____	Email: _____
Name of Driver: _____	

Section 1

Yes No

- ___ ___ Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- ___ ___ Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is "yes" to either of these questions, the participant must stay home.

Section 2

Yes No

- ___ ___ Are you in a higher-risk category as defined by the CDC guidelines?

If the answer is "yes" to this question, we recommend that you stay home.

Section 3

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

Yes No

- ___ ___ Shortness of breath
- ___ ___ New or worsening dry cough
- ___ ___ Fever of 100.4°F or greater
- ___ ___ Flu-like symptoms
- ___ ___ New loss of taste or smell
- ___ ___ Vomiting
- ___ ___ Diarrhea

If the answer is "yes" to any of the symptoms above, the participant must stay home.

Section 4

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

Yes No

- ___ ___ Cough
- ___ ___ Unexplained extreme fatigue or muscle aches
- ___ ___ Rash
- ___ ___ Sore throat
- ___ ___ Open sore

If the answer is "yes" to any two of the symptoms above, the participant must stay home.

Adult Participant or Youth Parent/Guardian Signature: _____ Date: _____