

**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

___ ___ In the last 14 days, have you been in contact for more than 15 minutes with anyone who has been diagnosed with COVID-19?

___ ___ In the last 14 days, have you traveled out of state to an area with greater than 400 active cases of COVID-19 per one million residents? (Check the current travel map at <https://accd.vermont.gov/covid-19/restart/cross-state-travel>.)

If the answer is "yes" to either of these questions, you must answer this question:

___ ___ Have you completed either a 14-day quarantine, or a 7-day quarantine followed by a negative COVID test?

If the answer is "no" to this question, 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, it is recommended 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?

A Yes No

- ___ ___ Unusual shortness of breath
- ___ ___ New or worsening cough
- ___ ___ Fever of 100.4°F or greater, or chills
- ___ ___ New loss of taste or smell
- ___ ___ Nausea or vomiting
- ___ ___ Diarrhea

B Yes No

- ___ ___ Cough
- ___ ___ Congestion or runny nose
- ___ ___ Sore throat
- ___ ___ Muscle or body aches
- ___ ___ Unexplained extreme fatigue
- ___ ___ Headache

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

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

Signature of Adult Participant or Youth's Parent/Guardian: _____ Date: _____