

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

All participants are required to complete this form on the day of, and bring it to the event.

Participant Name: _____	Unit Type/Number: _____
Phone: _____	Email: _____

No Yes In the last 10 days, have you tested positive for COVID-19? In the last 10 days, have you had symptoms that made you think you had COVID-19?
If your answer is "yes" to either question, you must stay home.

No Yes Are you awaiting the results of a COVID-19 test?
If your answer is "yes," you must stay home.

No Yes Have you been vaccinated?
If your answer is "yes," you may skip the next three questions.

No Yes In the last 14 days, have you been in close contact* with someone who is awaiting the results of a COVID test?
If you are unvaccinated and your answer is "yes," you must stay home.

No Yes In the last 14 days, have you been in close contact* with anyone who has been confirmed to have COVID-19?
If you are unvaccinated and your answer is "yes," you must answer this question:
Since that contact, have you completed either a 14-day quarantine, or a 7-day quarantine followed by a negative COVID test?
 No Yes **If unvaccinated and your answer is "no," you must stay home.**

No Yes Are you in a higher-risk category, as defined by the CDC guidelines?
If unvaccinated and your answer is "yes," it is recommended that you stay home.

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

- | A | <u>No</u> | <u>Yes</u> | B | <u>No</u> | <u>Yes</u> |
|----------|-----------|------------|----------|-----------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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

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

* The CDC definition of "close contact" is: a) you were within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period, b) you had direct physical contact (hugged or kissed them), c) you shared eating or drinking utensils, or d) a person sneezed, coughed, or otherwise got respiratory droplets on you.

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