

Daily Required Log _____

(DATE)

Due to COVID-19 All Attendees must provide First, Last name, phone number and answer Health status agreement below daily.

Attendees must agree not to participate if you:

- Are exhibiting the current CDC recognized symptoms consistent with COVID-19
- Have knowingly been in contact with a suspected or positive case of COVID-19 within the past 14 days
- Are within 72 hours of exhibiting significant COVID -19 symptoms or a fever
- For recovering cases, are less than 14 days from onsite or less than 72 hours since the end of significant symptoms or fever
- Have not been in the state for 14 days symptom free as Health Mandate 10.1 – International and interstate Travel – Order for Self-Quarantine is in effect

Symptoms: Dry Cough, Shortness of breath. Or any of these symptoms:

Fever	Muscle/joint aches
Difficulty breathing	Nausea
Chills	Rash
Decreased appetite	Repeated shaking with chills
Diminished sense of taste or smell	Runny nose
Diarrhea	Sore throat
Fatigue	Sputum production
Headache	

First Name	Last Name	Phone number	COVID-19 Pre-Screen Questions INITIAL that you comply

[illegible]

