



NYSSRA Nordic Pre-race COVID Health Screening Questionnaire 11/10/2020

**To be completed by all competition event participants
(racers, volunteer workers, officials, coaches, venue
hosts, spectators)**

Name (print) _____	Event _____
Address _____ _____	Check: <input type="checkbox"/> Racer <input type="checkbox"/> Volunteer <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Venue host <input type="checkbox"/> Spectator
Email _____	Telephone _____

1. Have you experienced a fever of 100.4 degrees F or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?

No. Go to the next question.

Yes. No further screening is needed. The person may not participate.

2. In the past 10 days, have you tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)? (10 days measured from the date you were tested, not the date you received the test result.)

No. Go to the next question.

Yes. No further screening is needed. The person may not participate.

3. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19?

No. Go to the next question.

Yes. No further screening is needed. The person may not participate.

4. In the past 14 days, have you traveled internationally or returned from a state identified by New York State as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours)? Visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory> for applicable states.

No. The person may participate.

Yes. No further screening is needed. The person may not participate.

Name (Signature) _____ Date _____