

COVID-19 Questionnaire

Name: _____ Date: _____

City: _____ State: _____ Zip Code _____

1. Are you from out-of-state? Yes _____ No _____
If no, go to question 3.
2. If you are visiting from out of state, which of the following will you/have you presented? You MUST present one to race with us at this race.
 - _____ Proof of COVID vaccination (must be at least 14 after final vaccine)
 - _____ Proof of negative COVID test taken within 3 days prior to your arrival in Vermont.
3. Do you or have you had 2 or more of the following symptoms in the last 14 days? If so, you will not be able to race with us.
 - Cough, shortness of breath or trouble breathing
 - Fever (CDC standards, 100.4 and above is considered a fever)
 - Chills
 - Repeated shaking with chills
 - Sore throat
 - Headache
 - Muscle Pain
 - New loss of taste or smell

Yes _____ No _____
4. Have you been in close contact (i.e., within 6 feet) with anyone who has been diagnosed with or tested positive for COVID-19 in the last 14 days? If so, you will not be able to race with us.

Yes _____ No _____

By signing this document, you agree that the above answers to be true and correct.

Signature

