



This information is based on the Centers for Disease Control and Prevention (CDC) guidelines and expert medical professional opinion. The following self-assessment tool will help assess your symptoms to determine if you're candidate for a COVID-19 test and/or whether you should self-quarantine or seek medical care. Please do not come to the race if your assessment suggests you may be positive for COVID-19.

Have you been in close contact with a person with a lab-confirmed case of COVID-19, or been in direct contact with their mucus or saliva within the last 14 days?

☐ Yes

☐ No

In the last 48 hours, have you had any of the following NEW symptoms? Check all that apply.

☐ Fever

☐ Cough or sore throat

☐ Shortness of breath or trouble breathing

☐ Chills or repeated shaking with chills

☐ Muscle aches (not due to your work-out)

☐ Nausea, vomiting or diarrhea

☐ Loss of smell or taste, or a change in taste

☐ Headache

☐ None of the above

Has a public health official advised you to be tested for Covid-19?

☐ Yes

☐ No

Contact your health care provider for advice if you get new symptoms or if you have close contact with someone with lab-confirmed COVID-19. Close contact means being within 6 feet of that person for over 5 minutes or having direct contact with their mucus or saliva.