

# HEALTH SCREENING ASSESSMENT COVID-19 QUESTIONNAIRE



PURPOSE: As mandated by New York State, this form must be completed by each athlete, spectator, volunteer and staff member to screen for possible exposure to the COVID-19 Virus. This form will be used for contract tracing if needed by RaceAwesome, Nassau County & NY State.

<b>SECTION #1</b>		<b>INFORMATION</b>	
DATE:	FIRST NAME:	LAST NAME:	
ADDRESS:-		COUNTY:	
PHONE:-	EMAIL:		

## **SECTION #2**      **QUESTIONS**

**QUESTION #1**  
In the past 14 days, have you tested positive for COVID-19?

YES       ---OR---      NO

**QUESTION #2**  
In the past 14 Days, have you experienced symptoms of COVID-19 that you cannot attribute to another health condition?

YES       ---OR---      NO

**QUESTION #3**  
In the past 14 days, have you been in close contact (within 6 feet) for more than 10 minutes with someone who has tested positive for COVID-19 in the last 14 days, or who has or had symptoms of COVID-19 in the last 14 days?

YES       ---OR---      NO

**QUESTION #4**  
In the past 14 days, have you spent longer than a 24-hour period of time in a state that is or was before you left the state, subject to quarantine restrictions on travelers arriving in New York State?

YES       ---OR---      NO

SIGNATURE:	DATE:

This form must be completed and handed in at the Race Site for entry. Your BIB# will not be issued if the form is not completed. This form will be kept for up to 4 months before being destroyed.

