



## FACILITY ENTRY SURVEY

In organizing the 2020 Music City Distance Carnival we want to emphasize that the well-being and safety of athletes, attending agents, coaches and family, and our meet crew is our utmost priority. To provide a safe competition environment during this COVID-19 pandemic, we ask that you please fill out the screening questions below. Thank you for your cooperation and patience during this time!

Have you had any of the following symptoms in the last 14 days:

Dry Cough	Y	N
Fever	Y	N
Sore Throat	Y	N
Shortness of Breath	Y	N
Chest Pain	Y	N
Chills	Y	N
Change in taste and/or sense of smell	Y	N
Fatigue and/or muscle pain	Y	N
Nausea	Y	N
Diarrhea	Y	N

Other Symptoms? \_\_\_\_\_

Do you have any autoimmune conditions? Y N

If so, what are they? \_\_\_\_\_

Do you have any pre-existing conditions that may make you high risk for COVID-19? Y N

If so, what are they? \_\_\_\_\_

Have you traveled outside the United States within the past 30 days? Y N

Have you knowingly come in contact with anyone diagnosed with COVID-19 in the past 14 days? Y N

Have you been tested for COVID-19 within seven days of August 15<sup>th</sup>? Y N

Do you have documentation of your negative test and supporting documents? Y N

Have you attended any gatherings of more than 10 people since receiving the COVID-19 test? Y N

**I certify that I have provided true and accurate information to the best of my knowledge.**

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_