

## **USMS COVID-19 Attendee Screening Form**

The following form is based on CDC guidance and must be completed by all attendees (swimmers, volunteers, officials, and facility staff) in the 24 hours prior to the event and submitted prior to entering the facility. If the answer to any of these questions is yes, the participant shall not attend the event unless clearance is given by their medical provider.

Name Printed		Date	
Name Signature		Temperature	
In the past 48 hours, have you had any of the following symptoms?			
Yes □ No	Fever of 100.4 F (38 C) or above	Yes 🗆 No 🗅	Cough
Yes 🗆 No	Trouble breathing, shortness of breath, or severe wheezing	Yes 🗆 No 🗅	Muscle aches
Yes 🗆 No	Chills or repeated shaking with chills	Yes 🗆 No 🗅	Sore throat
Yes 🗆 No	Loss of sense of smell or taste, or a change in taste	Yes □ No □	Headache
Yes 🗆 No 🕠	Nausea, vomiting, or diarrhea		
Yes 🗆 No 🛚	Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15 minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID-19?		
Yes 🗆 No 🗅	Are you isolating or quarantining because you may have been are worried that you may be sick with COVID-19?	exposed to a pe	erson with COVID-19 or
Yes 🗆 No 🗅	Are you currently waiting on the results of a COVID-19 test?		

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.