DUEL AT DALLAS COVID-19 QUESTIONNAIRE

The safety of our staff, students, partners, families and visitors remain Fencing Institute of Texas' overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally, FIT Board and Staff are continuing to monitor the situation closely and will periodically update our policies and guidance based on current recommendations from the Centers of Disease Control and Prevention, the World Health Organization, the Federal and State Governments, and USA Fencing National Office. Currently, only the fencer, Plus 1, and Coach are permitted within the FIT facility during the tournament.

Fencers and their Plus 1 are asked to leave as soon as they are finished with their event.

NAME OF FENCER ENTERING BLDG (PRINT)	EMAIL ADD	EMAIL ADDRESS:		
NAME OF PLUS 1:	EMAIL ADD	EMAIL ADDRESS:		
EVENTS YOU ARE PARTICIPATING IN:				<u>.</u>
□ DIV1AME □ DIV1AMF □ DIV1AMS	□ DIV1AWE	□ DIV1AWF	□ DIV1AWS	
□ VET ME □ VETMF □ VETMW	☐ VETWE	□ VETWF	□ VETWS	
□ PARAEPEE □ PARAFOIL □ PARASABRE				
FENCER SELF-D				
1. Have you or anyone close to you been outside of the country with			Yes Yes	No
2. Have you or anyone close to you been to a high-risk state or city				No
	, c			No
	Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar			No
illness within the last 14 days?	ng), or been diagnosed with similar Yes No			
A yes answer to any of the above (1-4) will result in the Fencer being			·	
Have you ever tested positive for the coronavirus? ☐ No ☐ Y		roximate date:		
Have you received two applications of the virus immunization? Privacy Statement: The information contained on this document will be used	No Yes U	Dates: 1 st :	2 nd :	ha ahamad
with third parties. FIT staff may make notes on the reverse side of this document		directors and/or Star	i only and will not	de shared
Signature of Fencer:	 	Date:		
PLUS 1 SELF-DF 5. Have you or anyone close to you been outside of the country with			1	
Have you or anyone close to you been outside of the country within the last 14 days?			Yes	No
6. Have you or anyone close to you been to a high-risk state or city7. Have you had close contact or cared for someone diagnosed with		Yes Yes	No No	
8. Have you or anyone close to you had a fever, experienced any co			1 68	NO
cough, fever, sore throat, respiratory illness, difficulty breathing)			Yes	No
illness within the last 14 days?	, 2			
A yes answer to any of the above (1-4) will result in the Plus 1 being		the building.		
Have you ever tested positive for the coronavirus? \(\sigma\) No \(\sigma\)	11	proximate date:	1	
Have you received two applications of the virus immunization? Privacy Statement: The information contained on this document will be used with third parties. FIT staff may make notes on the reverse side of this document.	d by FIT Board of D	Dates: 1 st : Directors and/or Staff	2 nd : f only and will not	t be shared
Signature of Plus 1:		Date: _		_
ATTENDING COACH'S NAME:				_

DUEL AT DALLAS ATTENDING COACH SELF-DECLARATION FORM

I am attending the Duel at Dallas as a coach for the following fencers:

NAME	EVENT(s)			
COACH SELF-DECLA				
1. Have you or anyone close to you been outside of the country wi		Yes No		
2. Have you or anyone close to you been to a high-risk state or city within the last 14 days?		Yes No		
3. Have you had close contact or cared for someone diagnosed wit 14 days?	th COVID-19 within the last	Yes No		
4. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar illness within the last 14 days?		Yes No		
A yes answer to any of the above (1-4) will result in the Plus 1 being denied	l access to the building.			
Have you ever tested positive for the coronavirus? ☐ No ☐ Yes ☐ Approximate date:				
Have you received two applications of the virus immunization? No Yes Dates: 1st:2nd:				
Privacy Statement : The information contained on this document will be used by FIT Board of Directors and/or Staff only and will not be shared with third parties. FIT staff may make notes on the reverse side of this document.				
Signature of Coach:	Date:			

Please complete this form and return a copy or photo to info@fenceintexas.org by noon Thursday, October 14th.