

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 ADDRESS:
NAME OF PLUS 1:	EMAIL ADDRESS:
EVENTS YOU ARE PARTICIPATING IN:	
<input type="checkbox"/> DIV1AME <input type="checkbox"/> DIV1AMF <input type="checkbox"/> DIV1AMS <input type="checkbox"/> DIV1AWE <input type="checkbox"/> DIV1AWF <input type="checkbox"/> DIV1AWS <input type="checkbox"/> VET ME <input type="checkbox"/> VETMF <input type="checkbox"/> VETMW <input type="checkbox"/> VETWE <input type="checkbox"/> VETWF <input type="checkbox"/> VETWS <input type="checkbox"/> PARAEPEE <input type="checkbox"/> PARAFOIL <input type="checkbox"/> PARASABRE	

FENCER SELF-DECLARATION

1. Have you or anyone close to you been outside of the country within the last 14 days?	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 with COVID-19 within the last 14 days?	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
<i>A yes answer to any of the above (1-4) will result in the Fencer being denied access to the building.</i>		
Have you ever tested positive for the coronavirus? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Approximate date: _____		
Have you received two applications of the virus immunization? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Dates: 1 st : _____ 2 nd : _____		
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 Fencer: _____

Date: _____

PLUS 1 SELF-DECLARATION

5. 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 city within the last 14 days?	Yes	No
7. Have you had close contact or cared for someone diagnosed with COVID-19 within the last 14 days?	Yes	No
8. 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
<i>A yes answer to any of the above (1-4) will result in the Plus 1 being denied access to the building.</i>		
Have you ever tested positive for the coronavirus? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Approximate date: _____		
Have you received two applications of the virus immunization? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Dates: 1 st : _____ 2 nd : _____		
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Signature of Plus 1: _____

Date: _____

ATTENDING COACH'S NAME: _____

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

