

**Valentines in the Pines 2/13/21 – COVID 19 Questionnaire**

*In order to reduce the risk of spreading COVID -19/Coronavirus, we ask that you respond to the following questions. If you answer “yes” to any questions you will not be able to participate in the Valentines in the Pines Trail Run on 2/13/21. Please complete and hand this to race staff to receive your race bib and packet. Thank you for your cooperation.*

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Bib #: \_\_\_\_\_ Distance: \_\_\_\_\_

**Are you experiencing any of the following symptoms? Please Circle One**

- |   |            |           |
|---|------------|-----------|
| 1. Fever ( $\geq 100.4^{\circ}\text{F}$ )       | <b>YES</b> | <b>NO</b> |
| 2. Cough or shortness of breath                 | <b>YES</b> | <b>NO</b> |
| 3. Sore Throat                                  | <b>YES</b> | <b>NO</b> |
| 4. Chills                                       | <b>YES</b> | <b>NO</b> |
| 5. Muscle aches                                 | <b>YES</b> | <b>NO</b> |
| 6. Headache                                     | <b>YES</b> | <b>NO</b> |
| 7. New loss of taste or smell                   | <b>YES</b> | <b>NO</b> |
| 8. Abdominal pain, nausea, vomiting or diarrhea | <b>YES</b> | <b>NO</b> |

Have you had close contact with someone who is currently sick? **YES** **NO**

Have you been diagnosed with COVID-19 in the past three weeks or have you reason to believe you have COVID-19? **YES** **NO**

Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days? **YES** **NO**

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

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**FOR STAFF USE ONLY**

**TEMPERATURE ON RACE DAY**