



PARTICIPANTS NAME: _____

PROGRAM: Ruffnecks Activity

1) HAVE YOU BEEN IN CONTACT WITH ANYONE WHO HAS BEEN DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS? YES _____ NO _____

2) DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?

- | | |
|---------------------------|------------------------------|
| _____ COUGH | _____ CHILLS |
| _____ SHORTNESS OF BREATH | _____ HEADACHE |
| _____ FEVER | _____ LOSS OF TASTE OR SMELL |
| _____ DIARRHEA | _____ SORE THROAT |
| _____ VOMITING | _____ MUSCLE PAIN |

IF PARTICIPANT ANSWERS YES TO ANY OF THE ABOVE QUESTIONS, THEY WILL NOT BE ABLE TO PARTICIPATE. NO PARTICIPANT WILL BE ALLOWED IN NEBC UNTIL THEY HAVE 72 HOURS WITHOUT FEVER

THERE ARE RISKS RELATED TO COVID – 19 THAT MAY ARISE FROM PARTICIPATING IN PROGRAMS AT NEBC. PATRONS UNDERSTAND THAT AND ASSUME SUCH RISKS BY PARTICIPATING.

Print Name

Date

Participants signature
(Parent/Guardian is participant is under 18)

Date