

## Covington Aquatic Center Participant Questionnaire

*Please answer the questions below. If any of the below answers are YES, you may not enter the facility.*

1) Have been diagnosed with COVID-19 (have not recovered or are still within the required 14-day quarantine):

YES [] NO [] (Participant or Parent/Legal Guardian initials) \_\_\_\_\_

2) Have had a fever within the past 3 days (72 hours) without the use of fever-reducing medications:

YES [] NO [] (Participant or Parent/Legal Guardian initials) \_\_\_\_\_

3) Have had respiratory symptoms (e.g., cough shortness of breath) within the past 3 days (72 hours):

YES [] NO [] (Participant or Parent/Legal Guardian initials) \_\_\_\_\_

4) Started having symptoms within the past 10 days:

YES [] NO [] (Participant or Parent/Legal Guardian initials) \_\_\_\_\_

5) Have had contact with a person that has or is suspected to have COVID-19 (within the last 14 days):

YES [] NO [] (Participant or Parent/Legal Guardian initials) \_\_\_\_\_

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Signature of Participant or Parent/Legal Guardian

Date

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Print Name of Parent/Legal Guardian

Name of Participant(s)