Three Rivers Adaptive Sports

2021 Adaptive Ski Program

Pre Ski Program COVID -19 Screening Questionnaire

Have you or any member of your household had any of the following symptoms in the last 14 days

1)	Sore Throat	Yes _____	No _____
2)	Cough	Yes _____	No _____
3)	Chills	Yes _____	No _____
4)	Runny nose	Yes _____	No _____
5)	Body aches for unknown reasons	Yes _____	No _____
6)	Shortness of Breath for unknown reasons	Yes _____	No _____
7)	Loss of Taste and/or Smell	Yes _____	No _____
8)	Fever at or greater than 100 degrees Fahrenheit	Yes _____	No _____
9)	Vomiting/Diarrhea for unknown reasons	Yes _____	No _____

Have you or any household member traveled in the U.S. or outside the country in the past 14 days?

Yes _____ No _____

Have you or any member of your household been exposed or diagnosed with COVID-19 in the past 14 days?

Yes _____ No _____

Have you had or have you been notified that you have had close contact with a person that has been diagnosed with COVID-19 through a positive test result?

Yes _____ No _____

Have you received the COVID-19 vaccine?

Yes _____ No _____

1st Dose _____ 2nd Dose _____ (Check one if received)

I have read and agree to follow the Three Rivers Adaptive Sports (TRAS) COVID-19 Guidelines for Participant/Volunteers at all times

Yes _____ No _____

Temperature _____ degrees Fahrenheit

I attest that the above information is true and correct.

Print Name _____ Signature _____

Date _____