



Pennsylvania Wing COVID-19 Screening and Event Attendance

Date: _____

Unit: _____

Maximum Allowable Participation (Based on occupancy and social distancing): _____

Temperatures will be self recorded as a Yes or No. Yes if over 100.4. If a person is experiencing any COVID Symptoms (Fever/Chills, Cough, Sore Throat, Short of Breath, Loss Taste/Smell, Vomiting, Diarrhea) then mark yes.

For the column “Close Contact” the answer should reflect the following question:
 Within the past 14 days have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6ft for more than 15 consecutive minutes, regardless of PPE.)

If any responses are “YES”, the member will NOT be allowed to practice or compete and will be asked to leave event. A doctor’s note will be required to return to in person events within 14 days.

Event Participant/member Name	TEMP (Above 100.4)	COVID Symptoms	Close Contact
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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