

EVENT PARTICIPANT ILLNESS SCREENING FORM

All attendees and participants at Curetivity Foundation events are required to fill out this form before the start of the event and submit it to Paige Scardigli. If you answer “yes” to any of these questions, you may not be permitted to enter the event and should contact Paige Scardigli for what steps to take next.

Question	Answer	Action
In the last 14 days, have you tested positive for COVID-19?		If no, continue to other questions If yes, do not come into the event. Please contact Paige Scardigli.
In the last 14 days, have you had, or do you currently have, any symptoms of COVID-19? (such as having a fever of 100.4 degrees or higher, feeling feverish, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea (together referred to as “COVID-19 symptoms”))		If no, continue to other questions If yes, do not come into the event. Please contact Paige Scardigli.
In the last 14 days, have you been in close contact, defined to mean physical contact or within 6 feet for 10 minutes or longer, with anyone else who has tested positive for COVID-19 or had any COVID-19 symptoms?		If no, continue to other questions If yes, do not come into the event. Please contact Paige Scardigli.

I affirm that the foregoing responses are truthful to the best of my knowledge.

Signature: _____

Printed Named: _____

Date: _____