

Bib # \_\_\_\_\_

Screening Questions for Runners / Volunteers / Staff  
to Participate in the 2020 New River Marathon

Answering these questions truthfully will help to prevent other runners and community members from being put at risk for contracting the COVID-19 virus.

Name		
<b>For the questions below, please circle yes or no.</b>		
Yes	No	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you COVID-19 symptoms? If "Yes", a note from an MD, PA or NP clearing the runner/volunteer/staff for participation is required.
<b>Today or in the past 2 weeks have you had any of the following symptoms?</b>		
Yes	No	A fever (temperature more than 100.4 Fahrenheit or 38 Celsius)?
Yes	No	Shaking chills?
Yes	No	A new or worsening cough, shortness of breath or difficulty breathing?
Yes	No	Racing heart, heart skipping beats or fluttering of the heart?
Yes	No	Unusual dizziness, particularly with exercise?
Yes	No	Fatigue or difficulty with exercise?
Yes	No	A sore throat different than associated with seasonal allergies?
Yes	No	New loss of taste or smell?
Yes	No	Nausea, vomiting or diarrhea?
Yes	No	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
Yes	No	Have you been in contact with anyone infected with COVID-19 in the past 14 days?
Yes	No	Did you check your body temperature today, October 3, 2020?
		Record your body temperature personally measured today, October 3, 2020?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Runner Signature: \_\_\_\_\_

Runner Print Name: \_\_\_\_\_

If Runner is a Minor (under age 18)

Signature of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Date: \_\_\_\_\_