



**COVID CONTACT TRACING & SCREENING**

<b>TIME OF ARRIVAL</b>		<b>Phone #</b>	
<b>NAME</b>			
<b>NAMES OF OTHERS WITH YOU FROM THE SAME HOUSEHOLD</b>			

**Do you currently have one or more of the COVID-19 symptoms below that are new or worsening?**

Symptoms should not be chronic or related to other known causes or conditions:

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decrease or less of smell or taste
- fatigue and/or malaise (for adults)
- nausea/vomiting, and/or diarrhea (for <18 years of age)

*If you have received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue, muscle aches and/or joint pain that only began AFTER vacationing, select NO*

- YES
- NO

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home?)

This can be because of an outbreak or contract tracing.

- YES
- NO

Do you live with someone who has been told by a doctor, health care provided or public health unit that they should currently be isolating?

*If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared select NO*

This can be because of an outbreak or contract tracing.

- YES
- NO

**If you answered YES to any of the questions, please DO NOT enter the fairgrounds!**