

USAC.25 SAFETY QUESTIONNAIRE

The safety of our drivers, competitors and USAC.25 members remain a priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to club members, officials and competitors, please complete this simple health screening questionnaire.

USAC.25 MEMBER NAME:

PERSONAL PHONE NUMBER:

USAC.25 HOME CLUB/TRACK:

EVENT ATTENDING/CLUB NAME: **OAKLANE QMRC**

1. In the last 72 hours have you had a fever and/or taken medication for a fever?

YES NO

2. In the last 7 days have you had symptoms of a lower respiratory illness (cough, difficulty breathing, etc..)?

YES NO

3. In the past 14 days have you been in close contact with a person known/suspected to have COVID-19 and/or have you been diagnosed with COVID-19?

YES NO

Current Temperature: _____ 100.1 or higher: YES NO
