

## **COVID-19 PANDEMIC – Athlete Disclosures**

This disclosure form seeks information from you that we must consider before permitting you to participate in this Workshop. A weak or compromised immune system can put you and other participants at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to not participate.

|  | Yes | No |
|--|-----|----|
| Do you have a fever or above normal temperature?   |     |    |
| Have you experienced shortness of breath or had trouble breathing?                       |     |    |
| Do you have a dry cough?   |     |    |
| Do you have a runny nose?  |     |    |
| Have you recently lost or had a reduction in your sense of smell?                        |     |    |
| Do you have a sore throat?   |     |    |
| Have you been in contact with someone who has tested positive for COVID-19?              |     |    |
| Have you tested positive for COVID-19?   |     |    |
| Have you been tested for COVID-19 and are awaiting results?                              |     |    |
| Have you traveled outside the United States by air or cruise ship in the past 14 days?   |     |    |
| Have you traveled within the United States by air, bus or train within the past 14 days? |     |    |