

Exhibitor Name: _____ Date: _____

COVID-19 and Wellness Screening Checklist

Have you been diagnosed with COVID-19 in the past 14 days?	Yes	No
Have you been vaccinated for COVID-19? When? _____	Yes	No
Have you tested positive for COVID-19 in the past 14 days?	Yes	No

SYMPTOM WELLNESS CHECK:

Have you experienced any of the following symptoms within the last 14 days?		
Fever or feeling feverish	Yes	No
New cough	Yes	No
Shortness of breath	Yes	No
Flu-like symptoms such as fatigue, nausea, diarrhea? Chills?	Yes	No
Muscle pain? Headache?	Yes	No
Sore throat? New loss of taste or smell? Rash?	Yes	No

FAMILY CLOSE CONTACTS AND TRAVEL:

Any family or close contacts sick or experiencing above flu-like symptoms?	Yes	No
Any family or close contacts diagnosed with COVID-19 in the past 2 weeks?	Yes	No
Have you or family/close contacts traveled within past 2 weeks?	Yes	No
Where? _____		

Myself, and my minor child, agree to wear a mask/face covering at all times when not mounted on a horse. We will adhere to all social distancing requirements set forth by the management team. If we feel sick or start to feel sick we will remove ourself from the premises. If we test positive for Covid-19 after the event we will contact show management. If we do not adhere to all posted/required Covid-19 precautions we are aware we will be asked to leave the premises with no monetary return. *Initial Here:*

Exhibitor Signature: _____

Exhibitor Name: _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____