

Rocky Mountain Freestyle COVID-19 Symptom and Contact Tracing Form

This COVID-19 Symptom and Contact Tracing form must be printed and filled out by every athlete, coach, and official (volunteer or paid) within 24 hours of the start of a meet. For athletes, the completed form should be handed to your head coach or person designated by him or her. The designated coach should bring them to official training for all athletes, associate coaches, and him/her self. Officials must also print and fill out this form and bring it to the RMF trailer before the start of your official duties. No access will be granted to any part of the course without this completed form on file.

For RMF meet: 2021 Opener at Aspen Highlands – December 4th – 6th, 2020

Name: _____

Email: _____

Phone: _____

Have you experienced any COVID-19 symptoms in the last 24 hours (e.g. cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste of smell, vomiting, nausea, diarrhea)? Yes No

If Yes - Please select all symptoms experienced:

cough

sore throat

shortness of breath

new loss of taste or smell

fever

diarrhea

chills

nausea

muscle pain

vomiting

headache

other: _____

Have you had a flu shot for the 2020/21 winter season? Yes No
(Answering No will not ban you from an event. But if you answered No, please get a flu shot.)

Have you had contact with persons displaying COVID symptoms in the last 14 days? Yes No

Whereabouts for past 14 days:

Dates (From – To)	Location (County, State, or Country)

Please record your temperature: _____ °F Date & time taken: _____

Participant Signature & Date: _____

Parent Signature & Date for Athlete under 18 Years Old: _____