

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 form on file.

For RMF meet: _____ (Date & Location of RMF Meet.)

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 of smell

fever

diarrhea

chills

nausea

muscle pain

vomiting

headache

other: _____

Have you had a flu shot this season (anytime after September 1, 2020)? 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?

Have you traveled out of region* in the last 14 days?

* Depending on your location 'region' could mean county, a group of counties, state or other based on your state/county health order.

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

Participant Signature & Date: _____

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