

COVID 19 Questionnaire

We take the health and safety of our members and guests very seriously. In accordance with CDC guidelines, our Covid 19 Response Plan and as required by the SSA Contest Committee, we have prepared the following questionnaire. **Part 1** is a pre-departure self-evaluation and **Part 2** contains the questions you will be asked at Registration. You do not need to return this form.

Part 1- The pre-departure self-evaluation is based upon CDC guidelines; we need to ask:

1. Have you or your immediate family members traveled within or outside of the United States by **air, bus, or train** in the last 14 days? Y / N
2. Have you or your immediate family been in contact with anyone who has tested positive for COVID-19 in the last 14 days? Y / N

Should either of these answers be YES, please seriously re-consider whether you should participate in the Regional. If you decide not to participate, please inform the Contest Manager ASAP. Should you develop symptoms while you are at the contest, you will be asked to leave immediately.

Part 2: Answer these questions just before you leave home. You will be asked again at Registration. Should any of these answers be YES, please, do the responsible thing and either be tested or withdraw from the contest. **Based upon CDC guidelines, we need to ask:**

3. Are you currently feeling ill? Y / N
4. Do you currently have a fever, sore throat, cough, shortness of breath? Y / N
5. Have you recently lost your sense of smell or taste? Y / N
6. Do you currently have any GI symptoms? Diarrhea? Nausea? Y / N
7. Even if you do not currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days? Y / N

Should you exhibit any of these symptoms upon arrival, or during the Competition, you will be asked to be tested or to leave.

You will be participating in a group activity during the COVID-19 pandemic. While we are doing our best to implement appropriate CDC infection prevention and control recommendations, there may be an increased risk of exposure to you and your fellow pilots to the COVID-19 virus.

Participant's Signature

Participant's Name (printed)

Date