



COVID-19

SCREENING QUESTIONNAIRE

PRIOR TO MY VISIT TO CENTENARY UNIVERSITY, I CONFIRM THAT:

- I have not been diagnosed with or cared for someone diagnosed with COVID-19 in the past two weeks.
- I have not shown symptoms of COVID-19 or come in close contact with anyone exhibiting these symptoms in the past two weeks.
- I have not traveled outside of my immediate daily routine for the past two weeks.
- I do not have a cough, fever, chills, shortness of breath, or loss of taste or smell.
- If I begin to show symptoms of COVID-19 within the next two weeks, I will contact the Centenary University Equestrian Center.
- I will follow all posted University rules to keep myself and all individuals at Centenary safe.
- I understand and agree that it is my responsibility to wear a facemask or face covering and social distance while at the Centenary University Equestrian Center at all times unless mounted on a horse.

Printed Name of Participant: _____

Printed Name of Parent/Guardian if Participant is a Minor: _____

Email: _____ Cell Phone: _____

Participant Signature: _____ Date: _____
(Parent/Guardian if Participant is a Minor)

Reason for Visit: _____