

Huntsman SportsFest Health Screening Questions

Have you, or anyone in your household, had contact in the last 14 days with someone who is ill with cough and/or fever?

YES []

NO []

Have you, or anyone in your household, had contact in the last 14 days with someone who is being tested or confirmed to be a case of COVID-19?

YES []

NO []

Do you have any of the following symptoms?

Fever	YES []	NO []
Cough	YES []	NO []
Shortness of breath / Difficulty breathing	YES []	NO []
Fatigue	YES []	NO []
Muscle or body aches	YES []	NO []
Headache	YES []	NO []
New loss of taste or smell	YES []	NO []
Sore throat	YES []	NO []
Congestion or runny-nose	YES []	NO []
Difficulty swallowing	YES []	NO []
Nausea or vomiting	YES []	NO []
Diarrhea	YES []	NO []
Loss of appetite	YES []	NO []
Conjunctivitis	YES []	NO []