

SPECTATORS COVID SELF CHECK QUESTIONNAIRE



Name of Spectator: _____

Signature: _____ Date: _____

Initial Below

_____ I acknowledge and agree that I am required to wear a mask at all times inside the GWCC.

_____ I acknowledge and agree that I will not eat court side but will move to an open area such as the food court.

_____ I acknowledge and agree that if my team is not participating in the current match, I am NOT allowed to remain court side and must move to an open area such as the food court.

_____ I acknowledge and agree that non-compliance with these or any other tournament policies can negatively affect my daughters match and my ability to remain in attendance at the event.

Have YOU...

Tested positive for COVID-19 within the past 10 days?	YES	NO
Traveled outside of the US in the last 14 days?	YES	NO
Traveled within the US in the last 14 days?	YES	NO

Have YOU or ANYONE in your household...

<p>Experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO
<p>Been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) in the last 14 days with:</p> <ul style="list-style-type: none"> • Anyone who is known to have a confirmed COVID-19? ...OR • Anyone who has any symptoms consistent with COVID-19? 	YES	NO