Health Screening Questions for Guests of State Farm Park May 2021

DO NOT ENTER STATE FARM PARK UNLESS YOU ARE ABLE TO ANSWER "NO" TO ALL HEALTH SCREENING QUESTIONS*

*(Parents/Guardians may review and respond on behalf of children in their care)

- 1. <u>Symptoms</u> of COVID-19 Have you had any of the following symptoms within the past **10** days:
 - o Fever of 100.4 degrees Fahrenheit (or higher) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - o Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - o Diarrhea
- 2. Do you, or anyone you live with, have a COVID-19 test pending?
- 3. Have you, or anyone you live with, been diagnosed, tested positive or been told to quarantine by a healthcare provider for COVID-19 in the last **30 days**?
- 4. Have you had close physical contact (within 6ft or less for a cumulative period of 15 minutes or more in a 24 hour period) in the past 14 days with anyone with:
 - o COVID-19 symptoms
 - o Positive COVID-19 test results
 - o A person who was told to quarantine by a healthcare provider

Including contact that occurred 48 hours prior to person developing symptoms, or if no symptoms, contact that occurred prior to date of positive COVID-19 test.

- 5. Have you, or anyone you live with, traveled domestically via commercial air or cruise ship over the past **5 business days**?
- 6. Have you, or anyone you live with, traveled internationally via commercial air over the past **14 days**?

BY ENTERING STATE FARM PARK, I AM AFFIRMING THAT I HAVE REVIEWED THE ABOVE QUESTIONS, ANSWERED NO, AND AM SYMPTOM-FREE