

USAC .25 Safety Questionnaire

The safety of our drivers, competitors and USAC .25 members remain a priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to the club members, officials and competitors, please complete this simple health screening questionnaire.

USAC .25 MEMBER NAME:

PERSONAL PHONE NUMBER:

USAC .25 HOME CLUB/TRACK:

EVENT ATTENDING/CLUB NAME:

1. In the last 72 hours have you had a fever and/or taken medication for a fever?

YES

NO

2. In the last 7 days have you had symptoms of a lower respiratory illness? (cough, difficulty breathing, etc..)?

YES

NO

3. In the past 14 days have you been in close contact with a person known/suspected to have COVID-19 and/or have you been diagnosed with COVID-19?

YES

NO

Current temperature of 100.1 or higher? (Please check before attending)

YES

NO
