COVID-19 Self-Screening Questions

This checklist is not intended to take the place of medical advice, diagnosis, or treatment.

SCREENING QUESTIONS

In the past 24 hours, have you experienced:

Subjective Fever (felt Feverish): 0 Yes 0 No

New or worsening cough: 0 Yes 0 No

Shortness of Breath: 0 Yes 0 No

Sore throat: 0 Yes 0 No

Vomiting/Diarrhea: 0 Yes 0 No

Current temperature: _____

If you answer "yes" to any of the symptoms listed above, or your temperature is 100.4 °For higher, please do not participate in the Chamber Golf Classic. Contact your team and have them notify us at event registration. Self- isolate at home and contact your primary care physician's office for direction.

Have you had close contact in the last 14 days with an individual diagnosed with COVID-19?

Have you been directed or told by the local health department or your healthcare provider to self-isolate or self-quarantine?

**If you answer "yes" to either of these questions, please do not participate in the Chamber Golf Classic. Contact your team and have them notify us at event registration. Self- isolate at home and contact your primary care physician's office for direction.