

## COVID-19 Pre-Event Wellness Checklist

Welcome to CrossWay! We are so glad that you came today. Below is the wellness checklist as a part of our COVID-19 screening. Please circle the answer that applies to you:

\_\_\_\_\_  
Your Name

(\_\_\_\_\_)\_\_\_\_\_  
Your Phone Number

\_\_\_\_\_  
Today's Date

- Yes No** Do you have any of the following symptoms of possible COVID-19?  
*Fever of 100.0° or greater, Shortness of breath, Cough, Flu-like symptoms, Repeated shaking with chills, Headache, Sore throat, New loss of taste or smell, Diarrhea, Nausea or vomiting*
- Yes No** Have you or has anyone in your household been in close contact in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No** Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No** Have you or has anyone you have been in close contact with traveled on a cruise ship or internationally in the past 14 days?
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