# Ketchikan Running Club Health Screening Form

**Person Completing Form:_____ Date:_____**

**Screen each volunteer and participant for any symptoms commonly related to COVID-19 and for any quarantine or self-isolation status due to recent travel or contact with a COVID-19 patient prior to allowing them to participate in the event. If a volunteer or participant answers yes to any of the screening questions listed below, inform them that they will not be allowed to participate.**

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|---|---|---|---|---|---|---|---|---|---|
| **Volunteer/Participant Name** | **Fever** | **Cough** | **Shortness of breath** | **Runny Nose** | **Head or Body Aches** | **Sore Throat** | **Nausea, Vomiting or Diarrhea** | **Loss of taste of smell** | **Currently in a quarantine or self isolation status due to travel outside of Alaska or contact with a COVID-19 patient** |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |