Phoenix KART RACING ASSOCIATION

Name_____

1. Have you been diagnosed with COVID-19 in the past 10 days? **Yes_____ No_____**

2. Have you had close contact with or cared for someone diagnosed with COVID-19 in the past 14 days? **Yes_____ No_____**

3. Are you currently being tested for COVID-19 and awaiting results?
   Yes_____ No_____

4. Is anyone in your household currently being tested for COVID-19 and awaiting results?
   Yes_____ No_____

5. What is your current temperature?

6. Do you have one or more of the following symptoms which are new or worsening?
   Yes_____ No_____

   - Cough
   - Shortness of breath
   - Chills
   - Congestion or runny nose
   - Sore throat
   - Muscle of body aches
   - Loss of taste or smell
   - Headache
   - Nausea
   - Fatigue
   - Diarrhea

7. Is anyone in your household experiencing any of the following symptoms which are new or worsening? **Yes_____ No_____**

   - Cough
   - Shortness of breath
   - Chills
   - Congestion or runny nose
   - Sore throat
   - Muscle of body aches
   - Loss of taste or smell
   - Headache
   - Nausea
   - Fatigue
   - Diarrhea

8. Have you or anyone in your household been notified of a COVID-19 exposure and/or placed under quarantine in the past 14 days? **Yes_____ No_____**