



# Johnston Parks and Recreation Self-Attestation Form

## SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

Temperature: \_\_\_\_\_

## RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
Have you traveled anywhere outside the 50 United States in the past days?		
Have you been directed to quarantine or isolate by the RI Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		

**IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN YOU CANNOT BE AT THE ATHLETIC COMPLEX FOR THE SAFETY OF OTHERS.**

Participant/Attendee's Name (Printed)

Participant/Attendee's Phone Number  
*\*Required for contact tracing purposes*

Associated Track Team

Parent/Guardian/Attendee's Signature

Date & Time