

LPA Daily Health Questionnaire

Member must complete and submit this COVID-19 Health Questionnaire every day to enter the indoor range.

NO GUESTS ARE PERMITTED

Members without a COVID-19 Health Questionnaire will NOT be allowed to enter. No Exceptions will be made!

Member First Name

Member Last Name

Organization Name: Lincoln Park Archers Inc Date: _____

Have you or anyone in the family (household) been in contact with someone who has tested positive for COVID-19 in the last 14 days? **Circle: Yes No**

Have you or anyone in the family (household) visited any states listed under the Governors 14-day quarantine travel advisory in the past 14 days? **Circle: Yes No**

Have you or anyone in your household exhibited any of the following symptoms today (or within the last 24 hour) which cannot be better explained by another condition (Circle Below)?

Fever: Yes No	Cough: Yes No
Difficulty Breathing: Yes No	Muscle Aches or Pain: Yes No
Chills: Yes No	Sore Throat: Yes No
Unusually Weak/Fatigued: Yes No	Runny/Congested Nose: Yes No
Repeated Shaking/Shivering: Yes No	Shortness of Breath: Yes No
Loss of Taste or Smell: Yes No	Diarrhea: Yes No
Rash appearing anywhere on the body: Yes No	

Please provide additional information below if symptoms present are better explained by another condition (e.g. exercise induced muscle soreness, diagnosed seasonal allergies):

If you anyone with you is experiencing any of the above symptoms prior to attending, without an explanation not related to possible COVID-19, you are required to STAY HOME until symptom free.

Your temperature prior to (taken now) entering the range: _____

I certify to the best of my knowledge; this information is accurate.

full name printed

date

signature