



ACCO COVID-19 Participant Questionnaire

To prevent the spread of COVID-19 and reduce potential risk of exposure to our club members and event participants, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone involved in this event. Thank you for your time and cooperation.

Participants Name:	Personal Phone Number (mobile/home)
Email:	Emergency Contact Name and Phone Number

Self-Declaration By Participant	
1	Have you returned from any out of the country travel within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled out of the country within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access will be denied.

Signature (participant): _____ Date: _____

Note: Please immediately advise ACCO if any of your responses change. The information collected on this form will be used to determine your access to ACCO events. Your Privacy will be respected.