

Covid-19 Visitor Questionnaire

The safety of our employees, suppliers, customers, families and visitors remain Cascade Bicycle Club's overriding priority. As the Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Cascade Bicycle Club is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization. Only business critical visitors are permitted at Cascade Bicycle Club at this time.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building and on our property. Thank you for your time.

By signing at the bottom of this document you confirm that the following statements are true:

1. I have not returned from any foreign countries or any states with known widespread COVID-19 communities within the last 10 days (7 days if you have tested negative for COVID-19 3-5 days after travel).
2. I have not had close contact with or cared for someone diagnosed with COVID-19 within the last 10 days (7 days if you have tested negative for COVID-19 3-5 days after contact).
3. I have not experienced any cold or flu-like symptoms in the last 10 days (7 days if tested negative 3-5 days symptoms), including fever, cough, chills, muscle pain, headache, sore throat, respiratory illness, loss of taste or smell, difficulty breathing.
4. I have not been in contact with anyone that has been symptomatic (regardless of diagnosis) of flu-like conditions in the last 10 days (7 days if you have tested negative for COVID-19 3-5 days after contact).
5. I am not currently waiting on the results of a COVID-19 test because of a potential exposure to Covid-19 and I am not worried that I may be sick with COVID-19.
6. I agree to wear a mask at all times while on the premises, wash hands, and to maintain a minimum distance of six feet from others.
7. I agree to alert Cascade Bicycle Club if I have tested positive for Covid-19 before, during or within 14 days of the event.

I agree that all of the above statements are true.

Signature (student): _____ Date: _____

Signature (Guardian if student is under 18): _____ Date: _____

Temperature of student on above date _____