



OLD SALEM FARM HORSE SHOW

Questionnaire

| | YES | NO |
|--|-----|----|
| In the past 24 hours have you had a Fever? | | |
| In the past 24 hours have you experienced Fatigue? | | |
| In the last 24 hours have you experienced a Cough? | | |
| In the past 24 hours have you experienced Sneezing? | | |
| In the past 24 hours have you experienced Aches and Pains? | | |
| In the past 24 hours have you experienced a Runny / Stuffy Nose? | | |
| In the last 24 hours have you experienced a Sore Throat? | | |
| In the last 24 hours have you had Diarrhea? | | |
| In the last 24 hours have you had a Headache? | | |
| In the last 24 hours have you experienced Shortness of Breath? | | |
| Have you recently been in close contact with anyone who has exhibited any of the above symptoms? | | |
| Have you recently been in contact with anyone who has tested positive for COVID-19? | | |
| Have you recently traveled outside the country? | | |

Signature: _____

Date: _____

Print: _____