UUFD Event participant record and COVID screening results

Reference : (https://covid19.colorado.gov/symptom-screening):,

Name of event_____
Location of event_____
Date_____
Time, start _____
Time finish_____

1. **Record the persons name on the table**
2. **Ask the person if they have any of the following symptoms**

If the person answers yes to any of the following, ask the person to return home.   If the person answers no, record their name and the

Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea

3. **Temperature check (if required)**

If required, use the non-contact thermometer to measure the forehead temperature

Name	Answer to symptom screening question	Temperature results (if required)

Name	Answer to symptom screening question	Temperature results (if required)

Exit checklist

Name of event_____

Name of event responsible Host_____

Location of event_____
Date_____

Initials of the responsible Host person_____

1. All handles and faucets that were used have been sanitized.
2. All tables and chairs that have been used during the event have been sanitized and returned to their original position.
3. The restroom(s) have been cleaned if used.
4. All doorknobs and push bars and railings that have been touched have been cleaned after the event