



Pre-Race Health Questionnaire

Within the last 14 days:	YES	NO
Have you been diagnosed with, tested positive for, or treated for Coronavirus disease (COVID-19)?		
Have you or your support team, or anyone in your household traveled with or been in prolonged contact with someone with known Coronavirus disease (COVID-19)?		
Have you or your support team, or anyone in your household provided care to a known COVID-19 patient?		
Have you or your support team experienced any of the following:		
Fever (temperature greater than 100.4°F/38°C)		
Chills		
Trouble breathing or shortness of breath		
New or worsening cough		
Loss of smell or taste, or change in taste		
Sore Throat		
Headache		
Nausea, vomiting or diarrhea		
Muscle or body ache		