

**Poway Valley Riders Association
COVID-19 HEALTH QUESTIONNAIRE**

1. During the past 14 days, have you experienced symptoms of COVID-19, including fever, cough, or shortness of breath?
 - YES
 - NO**

2. During the past 14 days, have you been in close contact with anyone with a suspected or diagnosed case of COVID-19?
 - YES
 - NO**

3. During the past 14 days, have you visited an area subject to a CDC Level 3 Travel Health Notice?
 - YES
 - NO**

4. Have you been exposed to any person who visited an area subject to a CDC Level 3 Travel Health Notice in the 14 days preceding the exposure?
 - YES
 - NO**

5. Have you received a COVID-19 Test within the last 60 days?
 - YES
 - NO**
 - If yes, when were you tested? _____
 - If yes, what were the results? _____

6. If you have received a positive COVID-19 test in the past 60 days, have you subsequently had your fever subside without use of fever-reducing medications?
 - YES
 - NO**

7. If you have received a positive COVID-19 test in the past 60 days, have you subsequently had an improvement in your respiratory symptoms, such as cough and shortness of breath?
 - YES
 - NO**

8. If you have received a positive COVID-19 test in the past 60 days, have you subsequently received two consecutive negative tests for COVID-19 RNA from respiratory specimens collected at least 24 hours apart?
 - YES
 - NO**

I acknowledge that I may be required to, and will agree to, complete this Questionnaire every day or at such other frequency as shall be determined by Poway Valley Riders Association (PVRA). I **hereby certify by signing below that the above answers are true and correct to the best of my knowledge. I hereby covenant and agree that if on the date of completing this Questionnaire or at any time thereafter, (a) the answer to one or more of Questions 1-4 is "Yes", or (b) I've tested positive for COVID-19 in the past 60 days and the answer to one or more of Questions 6-8 is "NO", I will (x) immediately notify PVRA regarding this, (y) voluntarily refuse to participate in any Activities so long as this is the case, and (z) not visit the Club's premises so long as this is the case.**

Signature _____

Printed Name: _____

Date: _____

Age: _____

If you are a parent/legal guardian, please identify the name and age of the minor on whose behalf you are executing this Waiver of Liability and Release: _____

Name of Minor: _____

Age of Minor: _____