



PRE-PROGRAM COVID QUESTIONNAIRE

If you plan to participate in paddling or a program, it is expected that you have reviewed and passed this questionnaire every time and within 4 hours of the activity.

1. Have you signed the 2021 DBC Club Waiver? (please remember to remit dues if applicable)
☐ Yes, Continue with Questionnaire
☐ No, you will be unable to participate
2. Have staff checked your eligibility for paddling and programs? (Fully vaccinated +14 days; have had COVID-19 in the last 180 days; or have had a positive Antibody Test in last 180 days.)
☐ Yes, Continue with Questionnaire
☐ No, but I am participating in a on land program that does not have eligibility requirements, continue with Questionnaire.
☐ No, you will be unable to participate
3. Are you sick? (including loss of taste/smell, loss of appetite, sore throat, cough, shortness of breath, nausea/vomiting, chills/body aches)
☐ Yes, **STOP**, you will be unable to participate
☐ No CONTINUE questionnaire
4. Do you have a recorded temperature of less than 100.4 two hours prior to paddling?
☐ Yes, CONTINUE questionnaire
☐ No **STOP**, you will be unable to participate
5. In the last two weeks, have you been in close contact* with someone who has had a positive COVID-19 test?
☐ Yes, **STOP**, you will be unable to participate
☐ No CONTINUE questionnaire
6. Do you or anyone in your household have a pending COVID test?
☐ Yes, **STOP**, you will be unable to participate
☐ No..... **You are eligible to participate**

Name:

Email Address:

Phone Number:

*Close contact is considered: being within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24-hour period **or** provided care at home to someone who is sick with COVID-19 **or** had direct physical contact (hugged or kissed) with someone who has COVID-19 **or** shared eating or drinking utensils with someone who has COVID-19 **or** been sneezed on or coughed on by someone who has COVID-19