

# SkillsUSA Ohio Off-Site Contest COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
<p>Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li> <li>• congestion or runny nose</li> <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul>	<b>YES</b>	<b>NO</b>
<p>Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19?</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul>	<b>YES</b>	<b>NO</b>
<p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p>	<b>YES</b>	<b>NO</b>
<p>Are you currently waiting on the results of a COVID-19 test?</p>	<b>YES</b>	<b>NO</b>

<p><b>Did you answer NO to ALL QUESTIONS?</b></p>	<p>Access to SkillsUSA Ohio Contest Site <b>APPROVED</b>. Please check in with SkillsUSA Ohio Staff upon arrival . Thank you for helping us protect you and others during this time.</p>
<p><b>Did you answer YES to ANY QUESTION?</b></p>	<p>Access to SkillsUSA Ohio Contest Site <b>NOT APPROVED</b>. You will not be able to attend the LIVE Off-Site Contest</p>

