



## Covid-19 Screening Form 2021 Racing Season

This form must be completed for all individuals entering into a race day event and must be submitted at the front gate prior to coming in. Entry into the speedway will be prohibited without this completed form. One form can be completed for all individuals entering in the same vehicle.

**Screening Questions** – Please circle “Yes” or “No” to each question listed below.

- |   |     |    |
|---|-----|----|
| 1. In the last 14 days, has anyone listed above or in their household tested positive for Covid-19 or are awaiting Covid-19 test results?     | Yes | No |
| 2. Is anyone listed above currently experiencing any of the Covid-19 symptoms listed on this page?  | Yes | No |
| 3. Are any household members of anyone listed above currently experiencing any of the Covid-19 symptoms listed on this page?                  | Yes | No |
| 4. In the last 14 days, has anyone listed above travelled outside of Canada?  | Yes | No |
| 5. In the last 14 days, has anyone listed above been identified as a “close contact” or been in close physical contact of someone who either: |     |    |
| a) currently has COVID-19 or a probable case of COVID-19, or  | Yes | No |
| b) is currently sick with a new cough, fever, difficulty breathing or other Covid-19 symptoms, or   |     |    |
| c) returned from outside of Canada within the past two weeks?   |     |    |

**Covid-19 Symptoms Include:**

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Severe difficulty breathing</li> <li>• Severe chest pain</li> <li>• Feeling confused or unsure of where you are</li> <li>• Losing consciousness</li> <li>• Fever and/or chills (temperature of 37.8 degrees Celsius or higher)</li> </ul> | <ul style="list-style-type: none"> <li>• Cough or barking cough (croup)</li> <li>• Shortness of breath</li> <li>• Sore throat</li> <li>• Difficulty swallowing or painful swallowing</li> <li>• Runny or stuffy/congested nose</li> <li>• Decrease or loss of taste or smell</li> </ul> | <ul style="list-style-type: none"> <li>• Pink eye</li> <li>• Headache</li> <li>• Digestive issues like nausea / vomiting, diarrhea, stomach pain</li> <li>• Muscle aches</li> <li>• Extreme tiredness</li> <li>• Falling down often</li> </ul> |
|--|---|--|

Date: \_\_\_\_\_

Racer Name / Kart # / Class: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_

Team Names:  
This can include family members or pit crew members entering in the same vehicle.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_

*This person acknowledges that all information on this form is truthful and accurate.*