Center State Conference
Spring
Contest Assessment Form

Please circle YES or NO	Yes	No
Do you have any of the following symptoms of COVID-19? - Temperature of 100®F or greater - Sore throat - New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their usual cough) - New loss of taste or smell - Diarrhea, vomiting, or abdominal pain - New onset of severe headache, especially with a fever		
In the last 10 days, have you:		
Have you traveled outside of the U.S.A.? **Have you traveled within the U.S.A. and returned with symptoms?**		
Been in close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19?		
Been evaluated, monitored, or quarantined for COVID-19?		

<u>If you marked YES to any of these questions, please do not enter the contest.</u>

Print Name: _____ Telephone: _____

Signature: _____

Thank you!