

Event Attendee Health Screening Form

Please complete this screening form prior to entering the event venue. This form is for health tracking and event safety protocols, and can be printed for manual record keeping.

1. Attendee Information

Full Name:

Phone Number:

Email Address:

Event Name / Date:

2. Health Screening Questionnaire

Please type "YES" or "NO" for each of the following questions:

Are you currently experiencing a fever (100.4°F/38°C or higher), chills, or a cough? (Yes/No):

Are you experiencing shortness of breath or difficulty breathing? (Yes/No):

Have you recently experienced a sudden loss of taste or smell? (Yes/No):

Have you been in close contact with anyone diagnosed with an infectious illness in the past 14 days? (Yes/No):

3. Attendee Acknowledgment

I declare that the information provided above is true and accurate. (Type "I AGREE"):

Attendee Signature / Printed Name:

Date Completed:

4. Staff / Screener Use Only

Recorded Temperature:

Screening Result (Approved / Denied):

Screener Name / Signature: