

To ensure the health and safety of all our guests and participants, please download and complete ALL SECTIONS of this COVID-19 QUESTIONNAIRE and bring along with you on the day of the event.

Thank You In Advance!

Full Name

Email:

Date

Name Artist You Are Supporting?

DO YOU HAVE A FEVER, HAVE FELT FEVERISH, HAD CHILLS OR REPEATED SHAKING WITH CHILLS RECENTLY?

DO YOU HAVE A COUGH OR SORE THROAT?

DO YOU HAVE MUSCLE PAINS?

DO YOU HAVE ANY FLU-LIKE SYMPTOMS OR HEADACHES?

HAVE YOU EXPERIENCED ANY RECENT GI UPSET, DIARRHEA, LOSS OF TASTE OR SMELL?

ARE YOU IN CONTACT WITH ANYONE WHO HAS BEEN CONFIRMED AS COVID-19 POSITIVE?

HAVE YOU TRAVELED IN THE PAST 10 DAYS TO ANY REGIONS AFFECTED BY COVID-19?

HAVE YOU BEEN TESTED FOR COVID-19 AND IF SO, WHEN AND WHAT WAS THE RESULT

HAVE YOU BEEN DIAGNOSED WITH COVID-19? IF SO, THEN WHEN?