

Rawhide Ranch Program

**Please Complete
ONE PER PERSON**

COVID-19 Screening

By signing this assessment, I certify that the below-named person is COVID-19 symptom free and has had none of the following symptoms for at least 10 days:

- Fever (100.4 or higher) or Chills
- Cough
- Shortness of Breath or Difficulty Breathing
- Fatigue
- Headache
- Muscle or Body Aches
- New Loss of Taste or Smell
- Sore Throat
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea

It is pertinent that a group's leader or chaperone is made aware, at any time, if anyone from their group develops any of the above listed symptoms so that Rawhide Ranch can be notified.

FULL NAME of Attendee (Please Print)

X

SIGNATURE (Parent/Guardian must sign if above-named is under 18)

Date

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