

Saratoga Lake Sailing Club

COVID-19 Screening Questionnaire for Club Racing*

Name: _____ Date: _____

Please answer the following questions. If “yes”, you cannot participate in the club racing that day. Place completed form in box on picnic table.

This form must be completed by skipper and each crew on the day of racing before racing. Otherwise you will be disqualified.

This form must also be completed by all race committee members.

In the past 14 days have you tested positive for COVID-19?	Yes	No
In the past 14 days have you had any of the following symptoms that you cannot attribute to a health condition other than COVID-19?		
Fever (100.4°F), or feeling feverish	Yes	No
Chills	Yes	No
A new cough	Yes	No
Shortness of breath	Yes	No
A new sore throat	Yes	No
New muscles aches	Yes	No
New headache	Yes	No
New loss of smell or taste	Yes	No
In the past 14 days have you been in close or proximate contact with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?	Yes	No
In the past 14 days have you traveled from any of the states on the NYS quarantine list with a stay longer than transiting through for a limited duration (less than 24 hours)	Yes	No

If I experience symptoms of COVID-19 or have a positive test in the 14 days after racing, I will inform Terry Fraser at race@sailsaratoga.org.

Signature (or Parent's for minors): _____

*From NYS Parks letter received July 10, 2020