



HEALTH SCREENING QUESTIONNAIRE

We would like to ensure that all guests coming to T Bar M remain healthy. In an effort to do this, please ensure that you can answer "no" to all of the questions listed below.

SYMPTOMS

Have you experienced any of these symptoms in the last 2 weeks?

- | | |
|--|---|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Loss of taste and/or smell |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Feeling feverish or a measured |
| <input type="checkbox"/> Muscle pain and/or body aches | temperature greater than or equal |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | to 100.0 degrees Fahrenheit |

CONTACT

- Have you been diagnosed with COVID-19 in the past 14 days?
(If so, you must be medically cleared)
- Have you had close contact with someone exposed to or infected with COVID-19 in the last 14 days?
- Have you been tested for COVID-19 and are still awaiting results?

NOTICE

Should a participant show any of the symptoms above while participating in their event, they may be asked to leave the property. The group leader will be responsible for coordinating the participant's departure. T Bar M has cabin and lodge room space set aside to isolate the person until proper arrangements have been made.

If you have any questions, please email covid@tbarm.org.

