Solar Car Challenge 2021  
COVID-19 Pre-Screening Questionnaire  
To be completed by each participant, volunteer, & staff person between 1-8 July, 2021

*Completed forms must be batched by team, scanned, and emailed to* [*covid@solarcarchallenge.org*](mailto:covid@solarcarchallenge.org) *by 5:00pm on 8 July 2021. Subject line:* [TEAM NAME] Pre-Screening Questionnaires. *Volunteers/Staff: use first & last name.*

Answering YES to any of the below questions does not automatically exclude a person from participation in the 2021 Solar Car Challenge. If necessary, the COVID-19 Coordinator may contact individuals for further information or clarification. You may be directed to obtain a COVID test prior to attending the event.

1. Have you come in contact with any persons suspected or confirmed to have COVID-19 in the past 14 days?  
     
   **YES \_\_\_\_\_  
   NO \_\_\_\_\_**
2. Have you or anyone in your household EVER tested positive for COVID-19?  
     
   **YES \_\_\_\_\_  
   NO \_\_\_\_\_**  
     
   If YES, on which date did you or the other person in your household receive their last POSITIVE COVID-19 result? **\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**  
   If YES, have you or the other person in your household received one or more NEGATIVE COVID-19 results AFTER testing positive? **YES \_\_\_\_\_ / NO \_\_\_\_\_**If YES, AND you or the other person in your household has received one or more NEGATIVE COVID-19 results since testing positive, how many NEGATIVE COVID-19 results have you/they had? **\_\_\_\_\_**  
   If YES, AND you or the other person in your household has received a NEGATIVE COVID-19 result since testing positive, on which date was the *most recent* NEGATIVE COVID-19 result?  
   **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**
3. Indicate below which, if any, of the following symptoms you have experienced in the past 7 days.  
     
   **Fever above 100F \_\_\_\_\_ Loss of taste \_\_\_\_\_  
   Cough \_\_\_\_\_ Loss of smell \_\_\_\_\_  
   Sore throat \_\_\_\_\_ Unusual fatigue \_\_\_\_\_  
   Runny nose \_\_\_\_\_ Muscle or body aches \_\_\_\_\_  
   Congestion \_\_\_\_\_ Nausea \_\_\_\_\_  
   Difficulty breathing \_\_\_\_\_ Vomiting \_\_\_\_\_  
   Shortness of breath \_\_\_\_\_ Diarrhea \_\_\_\_\_**

By signing below, you attest that your answers to the above questions are truthful and complete to the best of your knowledge. Your signature indicates that you understand that false or incomplete answers to the above questions may result in penalties, possibly including the expulsion of you and/or your team from the 2021 Solar Car Challenge. Your signature further indicates that you release the Solar Car Challenge from all liability related to the risks inherent in attending the event. Your information is confidential and will not be shared.

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GUARDIAN SIG.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MM DD YYYY