



Kiwanis®

COVID-19 EVENT CHECKLIST

I have had a fever or felt feverish in the last 72 hours.

Yes No

I have had chills in the last 72 hours.

Yes No

I have developed a new cough in the last 72 hours.

Yes No

I have had shortness of breath in the last 72 hours.

Yes No

I have had a sore throat in the last 72 hours.

Yes No

I have had new muscle aches in the last 72 hours.

Yes No

I have had a new headache in the last 72 hours.

Yes No

I have lost my sense of smell or taste within the last 72 hours.

Yes No

I have had a runny nose or been nauseous within the last 72 hours.

Yes No

I have knowledge that I have been in close proximity with an individual who has tested positive for COVID-19 within the last 14 days.

Yes No

I certify that all answers above are true and correct.

Signature _____

Printed name _____

Date _____