



COVID-19 SAFETY QUESTIONNAIRE

As part of our safety protocols related to controlling the spread of the Coronavirus; Covid-19, SOA requires that all visitors of any kind entering a facility for an SOA workshop answer the questions below, sign this document and return to an SOA representative.

If you are a visitor that is also a participant in an activity that will have you entering SOA workshop facilities in any ongoing manner, by signing this document you agree to not only answer these questions, but also agree that each time before coming on-site to the workshop location you will review this questionnaire and if you answer yes to any questions, you will NOT come on to the property. You may provide a signed version of this document to the SOA representative/ event organizer prior to entering the site via email.

I _____ (name) prior to entering any location at any SOA workshop site on this date _____ and if applicable all other days entering said property(ies), have reviewed the list of questions below in this document and verify the answers from myself are "No."

1. _____ At any time during the past two weeks have you exhibited any of the Coronavirus symptoms such as Cough, Fever, Shortness of Breath or loss of taste or smell?
2. _____ At any time during the past two weeks did anyone in your household exhibit Coronavirus symptoms such as Cough, Fever, Shortness of Breath or loss of taste or smell?
3. _____ At any time during the past two weeks have you or anyone you have been in close contact with been diagnosed with Coronavirus?
4. _____ In the last 5 days have you or someone that you have had close personal contact with traveled to or passed through any major transportation hubs such as airports or train stations that have been designated "high exposure risk" areas, or been in direct contact with anyone who has traveled overseas to "high exposure risk" countries?

5. If you answered yes to any of the questions, you may only enter the SOA workshop site if the following question responses are "Yes."

Did you quarantine yourself for the federally mandated appropriate and suggested amount of time? _____ ; and have you had a negative COVID test within the last 72 hours? _____ .

Date of Negative Test: _____

By signing below, I further acknowledge that I will abide by at the least, THE MINIMUM required protocols outlined, to limit potential exposure of COVID-19 to myself and others:

1. Abide by appropriate Social Distancing, of 6' of another individual in which I do not live in the same household, especially if outdoors without a face covering.
2. Wear masks that fully cover the mouth and nose, at all times within SOA facilities. They may be taken off to eat or drink while maintain appropriate Social Distancing.
3. Practice COVID preventative hygiene, including washing hands before entering site, after using rest rooms, before meals and frequently during the day. In between hand washing; wipes and hand sanitizer should be used, especially on high touch areas.
4. Avoid touching my mouth, nose or eyes.
5. Inform the event organizer if I see a person on site that seems to be exhibiting the symptoms of the virus.
6. Within 14 days after the event, communicate to the Event organizer should you have the Coronavirus. If you are the organizer, you agree to inform SOA.

Name: _____ Signature: _____

Date: _____