SECONDARY HEALTH SCREENING

PRCA MEMBER COMPLETE

Name ______________________________ Date ____________________

Rodeo ____

Event(s) (Circle) BB SB BR SW TD TR GB SR BK

SCREENING PERSONNEL

Temperature _____________

Have you received a lab confirmed diagnosis of COVID-19?

YES NO IF YES, WHEN? __________________

Have you been within 6 feet of a person for at least 5 minutes with a lab confirmed case of COVID-19 in the past 14 days?

YES NO IF YES, WHEN? __________________

Are you experiencing any of the following?		Do you reside with anyone experiencing any of the following?
________	Fever in past 3 days	______
________	Cough	______
________	Sore Throat	______
________	Chills	______
________	Repeated Shaking/Chills	______
________	Runny nose or nasal congestion	______
________	Shortness of breath, difficulty breathing, wheezing	______
________	Headache	______
________	Muscle pain/body aches	______
________	Fatigue	______
________	Diarrhea	______
________	New loss of taste or smell	______
________	NONE OF THE ABOVE	______

Secondary Screen by medical personnel required if temperature above 100.3 or greater or if any positive answers to questions above.