LEAD222 Health Questionnaire - Event/Trip: _____.

Name of Participant: _____ Date: _____

Cell Phone Number: _____ Email Address: _____

Although we can't guarantee a setting is free of any risk, we want to make sure that our events have the healthiest and safest environments possible. Prior to allowing anyone to participate on a LEAD222 Trip or Event we ask that all participants are screened with the following:

1. Current Temperature: _____ (100.4 or above = not allowed at the event/trip)

2. Are you currently experiencing any of the following symptoms that could be consistent with COVID-19?

   Cough: yes ____ no ____

   Shortness of breath or difficulty breathing: yes ____ no ____

   Fever: yes ____ no ____

   Chills and/or repeated shaking: yes ____ no ____

   Sore throat: yes ____ no ____

   Muscle pain: yes ____ no ____

   Headache: yes ____ no ____

   New loss of taste or smell: yes ____ no ____

3. Have you had close contact with someone who has been diagnosed with COVID-19 in the past two weeks? yes ____ no ____

4. Have you had close contact with someone who hasn't been formally diagnosed with COVID-19, but who has symptoms of COVID-19 and has been told to self-quarantine? yes ____ no ____

5. Have you traveled outside of the United States within the last three weeks? yes ____ no ____

IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS ABOVE, OR HAVE A 100.4 TEMP OR ABOVE, YOU ARE NOT ALLOWED ON THIS LEAD222 TRIP/EVENT