

Signature (or legal guardian if minor)

COVID-19 Screening Form

Service		ninimize the spread of the virus, Texas A&M AgriLife Extension s participating in a youth day or overnight event. In order to be applete and submit the following:
I,	, hereby affirm	that:
3. I under Govern standar his Exect I under symptodie, espect the hid which community and the community of	household. I have not in the past 7 days exhibited any of the Cough Shortness of breath or difficulty breathing Chills Repeated shaking with chills Unexpected muscle pain Headache Sore throat Loss of taste or smell Diarrhea Running a fever (or measuring a temperature In the past 14 days I have not been in contact we consider the court of the protocols issued by the Texas Department of the latth protocols issued by the Texas Department of the past 14 days I have not been in contact were considered to the pandemic. The past 14 days I have not been in contact were detected to the pandemic of the latth protocols issued by the Texas Department of the latth protocols issued by the Texas Department of the latth protocols is suited to the pandemic. The past 14 days I have not been in contact were detected or the pandemic. The past 14 days I have not been in contact were detected by the Texas Department of the latth protocols issued by the Texas Department of the pandemic. The past 14 days I have not been in contact were detected to the pandemic. The past 14 days I have not been in contact were detected by the Texas Department of the latth protocols is sued by the Texas Department of the pandemic. The past 14 days I have not been in contact were detected to the pandemic. The past 15 days I have not been in contact were detected to the pandemic.	
	nd I sign below to confirm the truth of the above.	
Printed	Name of Participant	Date
Street	Address, City, State, Zip Code	Cell Phone Number

Email