Fairport Crew Club 16th Annual Lift Bridge Regatta Saturday, September 25, 2021

Name of Club:	
Covid Coordinator	

				Have you had any COVID symptoms in the last 14 days? YES OR NO																
									Headache			Loss of	Discoloration							
Last Name		First Name	Phone Number	Shortness of Breath	Cough	Sore Stuffy th Throat Nose		Fever Body Chills Ache		Mucus Phlegm	Pink Eye	Smell Taste	and/or Painful Rash Fingers Toes		Hypersensitive Nausea or Skin Vomiting Dian		Diarrhea	Answer YES OR NO nea 1 2 3		3 NO
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Signature:

Please answer YES OR NOT TO THE FOLLOWING:
1 Have you been in contact with someone who has tested positive for COVID 9 in the past 14 days?
If yes to any of the questions above, have you been cleared by a doctor to be on our site and participate?
2 Do you agree to follow all COVID safety protocols while on site including always wearing a mask, social distancing and proactive good hygiene?
3 Do you agree to follow all COVID safety protocols while on site including always wearing a mask, social distancing and proactive good hygiene?
As the COVID Officer for, I attest that I have completed this form accurately and have obtained the information directly from the named rower or coach. Furthermore, I understand that misrepresengiting any information could be putting others at undue risk and may result in your team being disqualified.

Time:

Date: