

TODAY'S DATE: \_\_\_\_\_

## CDC FACILITIES COVID-19 SCREENING

Accessible version available at <https://www.cdc.gov/screening/>

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"><li>• fever or chills</li><li>• cough</li><li>• shortness of breath or difficulty breathing</li><li>• fatigue</li><li>• muscle or body aches</li><li>• headache</li><li>• new loss of taste or smell</li><li>• sore throat</li><li>• congestion or runny nose</li><li>• nausea or vomiting</li><li>• diarrhea</li></ul>	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

Did you answer **NO** to **ALL** QUESTIONS?

Access to CDC facilities **APPROVED**. Please show this to security at the facility entrance. Thank you for helping us protect you and others during this time.

Did you answer **YES** to **ANY** QUESTION?

Access to CDC facilities **NOT APPROVED**. Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.



[cdc.gov/screening](https://www.cdc.gov/screening)



[cdc.gov/screening/further-instructions.html](https://www.cdc.gov/screening/further-instructions.html)

REV20200727



Please complete other side of this form



HAWAIIAN SWIMMING



## INDEMNITY AGREEMENT

It is my intent as a participant or player competing in Hawaiian Swimming/USA Swimming sanctioned activities, while participating during activities including any pre-game or post-game activities at:

Name of Location: \_\_\_\_\_;

that I am agreeable and acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

- An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

In consideration of having the opportunity to participate as either a team member or competitor at location, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify Hawaiian Swimming/USA Swimming and its member clubs, trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If Participant is a minor name and signature by parent or legal guardian is required.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_