

2021 TYR Invitational Health Questionnaire

NO YES Have you had a fever of a 100.0 or above
within the last 10-12 days?

NO YES Have you had shortness of breath in the last
10-12 days?

NO YES Have you had contact with someone with
know Covid-19 in the last 10-12 days?

NO YES Have you lost sense of smell or taste?

NO YES Have you had diarrhea in the past 24 hours?

NO YES Have you been tested for Covid-19 in the last
10 days? If so what was the result.

Please Circle Your Answer: Negative Positive