

UASC Entry Screen Certificate

This form must be completed by all skaters & coaches in order to enter the building & participate in UASC skating. If skater is under 13 years old, parents please fill out for your child.

Please check your response to each question below...

1. Have you been in close contact with someone who is suspected for confirmed to have Covid-19 in the past 14 days? Yes No
2. Have you had fever or felt feverish in the last 72 hours? Yes No
3. Are you experiencing any respiratory symptoms including congestion, runny nose, sore throat, cough, shortness of breath or difficulty breathing? Yes No
4. Are you experiencing any new muscle or body aches, chills or severe fatigue? Yes No
5. Are you experiencing any headache, nausea, vomiting or diarrhea? Yes No
6. Have you experienced any new change in your sense of taste or smell? Yes No
7. Have you tested positive for Covid-19? Yes No
8. Have you traveled using public transportation in the past 14 days (plane, bus, subway etc)? Yes No
9. If you are from outside of Vermont have you followed all State travel quarantined guidelines for coming into the state? Yes No

If you answered yes to any of the above questions you will not be permitted entry to the facility and will not be allowed to participate.

I certify that the answers provided above are true and correct.

Signature of Parent/Guardian

Date

Printed Name

Name of Participating Skater

Email