



# Health Questionnaire Screening Form for Coronavirus (COVID-19)

Spinning Wheels Productions has put together this Coronavirus (COVID-19) Health Screening Questionnaire Form (the "Form") which shall be distributed to all persons who are attending any in-person racing event. Please understand that the purpose of this Form is to elicit information to help promote the health and safety of all persons who may be involved in the event, and that taking precautionary measures to prevent the spread of the Coronavirus (COVID-19) is paramount to those efforts.

The person signing this Form hereby acknowledges and agrees that: (i) the information requested on this Form is being provided voluntarily, (ii) the information provided on this Form is confidential, (iii) the refusal or failure to answer each question below may result in the refusal of entrance into the grounds, and that Spinning Wheels Productions reserves the absolute right, in their sole discretion, to refuse entry to that person; (iv) if the answer to questions 1-3 is "Yes" that person will not be permitted access the grounds; (v) if the answer to question 4 is "Yes" and the answer to question 5 is "No" that person will not be permitted access to the grounds; and (vi) any person may be asked in the future to execute another Form in connection with a future events.

## SCREENING QUESTIONS

Please answer the following 5 questions:

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19?  
 YES     NO
2. Have you tested positive for COVID-19 in the past 14 days?  
 YES     NO
3. Have you experienced any symptoms of COVID-19 in the past 14 days?  
 YES     NO
4. In the last 14 days, have you traveled from another state or country for which New York State requires a mandated self-quarantine period?  
 YES     NO
5. If you answered "Yes" to question 4, have you completed the 14 day self-quarantine as currently required by New York State?  
 YES     NO

_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Email Address	Phone Number		
_____	_____	_____	_____
Print Name	Signature	Date	

*Important Note: This Form should not be construed as offering or providing legal advice in any form. This Form is not intended to replace the reader's need to speak with their own legal counsel regarding the issues presented. All readers should seek independent legal advice prior to instituting any re-entry policies and/or practices.*