

A.B.A.T.E. of Iowa

GUEST QUESTIONNAIRE TO PREVENT THE SPREAD OF COVID-19

Name: _____ Date: _____
(please print)

Cell Phone Number (in event we need to contact you): _____

A.B.A.T.E. of Iowa is concerned for the safety of you and others attending this event. Accordingly, we are following the development of the Coronavirus (COVID-19) pandemic very closely. In the interest of ensuring a safe and healthy environment, we ask that you carefully complete this questionnaire.

Please answer the following questions:

- Have you recently traveled to a CDC level 3 rated location or to a declared COVID-19 hot spot within the United States?
☐ YES ☐ NO

If YES, what was the date you were last in the CDC level 3 rated location or hot spot?

Date: _____

- Have you had contact with someone diagnosed with the COVID-19 virus in the last 14 days?
☐ YES ☐ NO
- Do you currently have any COVID-19 symptoms, including: fever of 99.5 or higher, cough, shortness of breath?
☐ YES ☐ NO

If the answer to any of the above questions is YES, then admittance to our grounds is denied at this time. We apologize, but you will not be able to attend this event.

If you answered NO to ALL of the above questions, you are authorized to attend our event. Please do your best to adhere to all COVID-19 guidelines set forth by the CDC, and the State of Iowa while inside our park.

I agree to abide by the conditions above in order to receive permission to attend this event.

SIGNATURE: _____