



COVID-19 INFORMATION & CONSENT FORM

Please answer the following questionnaire by circling YES or NO and fill in the requested information at the bottom of the page.

COVID-19 QUESTIONNAIRE

- 1. Do you have a fever, or have you had a fever in the last 48 hours? YES / NO
- 2. Have you recently experienced any coughing or difficulty breathing? YES / NO
- 3. Have you had any chills, headaches, or body aches in the past 48 hours? YES / NO
- 4. Have you recently lost your sense of smell or taste? YES / NO
- 5. Have you been around anyone who has tested positive for COVID-19 or has recently recovered from COVID-19? YES / NO

For this race event, I will be attending as a member of the following race team, and acknowledge that a face mask/covering must be worn any time I leave my designated pit area/hauler:

Car #	Division	Driver's Name
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CONTACT INFORMATION

Today's Date	Name (first and last)
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Date of Birth	Phone Number
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Signature*

**By signing, I acknowledge the contagious nature of COVID-19 (Coronavirus) and the associated risks therein. I further acknowledge that while Orange County Speedway has put in place preventative measures to reduce the likelihood of spread, I am attending this event under my own free will and there is no guarantee that I will not become exposed or infected with COVID-19.*

RECORDED TEMPERATURE TO BE FILLED IN BELOW BY OCS/MEDICAL PERSONNEL ONLY

Recorded Temperature
