

## Ranger Buddy Competition 2021 Pre-Screen Questionnaire

I hereby attest that I began enhanced social distancing on (date YYYYMMDD) \_\_\_\_\_ . I completed a 14 day enhanced social distancing on (date YYYYMMDD) \_\_\_\_\_ , prior to my arrival at the 2021 NWC. I understand “enhanced social distancing” requires the follow declarations:

- I have followed the COVID-19 directions of my state and local authorities
- I have stayed at my residence when feasible and have avoided non-essential travel
- I have maintained at least six feet of distance between myself and others when in public
- I have avoided eating and drinking in restaurants, bars, or food courts to the best of my ability
- I have not visited any nursing homes or long-term care facilities (ex. Nursing students)
- I have not visited with family and friends aside from those who live with me

Attestation of symptom free of the below symptoms for previous 14 days
Fever > 100.5
Shortness of breath or difficulty breathing
Cough
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea

Cadet Name: \_\_\_\_\_

Cadet Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR CADRE PRIOR TO DEPARTURE:

Passed medical screening (yes/no): \_\_\_\_\_

Certified by Rank/Name/Signature: \_\_\_\_\_