

**210 Fee Fee Hill Rd, Hazelwood MO 63042**

**Missouri Tax # 15061191**

 **DLN# 17053063375034**

**Federal EIN# 43-1349183**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you PAID your 2020 Membership Dues YES \_\_\_\_ NO \_\_\_\_**

**Questions for the Coronavirus (COVID-19)**

**Today or within the last 24 hours, have you experienced any of the following?**

1. **Feel like you have had a fever? NO \_\_\_\_ YES \_\_\_\_**
2. **New or worsening cough? NO \_\_\_\_ YES \_\_\_\_**
3. **Trouble breathing? NO \_\_\_\_ YES \_\_\_\_**
4. **New loss of sense of taste or sense of smell? NO \_\_\_\_ YES \_\_\_\_**
5. **New or worsening body aches? NO \_\_\_\_ YES \_\_\_\_**
6. **Sore throat, different from your seasonal allergies? NO \_\_\_\_ YES \_\_\_\_**

**Have you been exposed to a household or close family member who has tested or is suspected of having COVID-19 in the past 14 days.**

**NO \_\_\_\_ YES \_\_\_\_**

**If you answered yes to any of the above, we strongly recommend for you not to attend the event for the safety and concerns of others.  We also strongly recommend children and anyone with an underlying health issue not to attend the event.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**