

PRE-ARRIVAL TRACKING FORM

SEM January '21: International Trips

In order to minimize our COVID-19 risk as much as possible, we are adapting best practices related to your arrival in Gainesville and your time on our campus. This completed form is required for check-in.

We recognize that your travel to Gainesville may include some exposure, but we are asking you to do everything possible prior to your travel to minimize your risk.

7 Days

DAILY TEMPERATURE CHECK: For seven days prior to arrival you must take and record your temperature. We recommend you do this at the same time each day.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Record temp here	Record temp here	Record temp here	Record temp here	Record temp here	Record temp here	Record temp here

I have been fever free for 7 days (initial here) _____

Symptoms in the last two weeks without obvious cause (*check all that apply*)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fever above 100.4 | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Change in taste or smell |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Change in appetite |
| <input type="checkbox"/> Body aches | <input type="checkbox"/> Chills | |

I have been symptom free for 14 days (initial here) _____

CONTACT HISTORY (*check any that apply*)

- ☐ The Racer has been diagnosed with Covid-19.
- ☐ The Racer has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- ☐ The Racer has a household member currently on a watch list for COVID-19 exposure.

I verify that I have answered this truthfully (initial here) _____

PRE-ARRIVAL COVID-19 TESTING

Participants must test *within 7 days* of arrival on campus.

Test date _____

- ☐ I have written test results showing a negative result.
- ☐ My testing center does not provide negative test results. I certify that I was tested within 7 days of my arrival to the Adventures in Missions campus and that I have not received notification of a positive test result. I further certify that if I should receive such notification after my arrival I will immediately notify my leadership team.

Racer Signature: _____

Trip: _____

Parent Signature: _____

Date: _____