

FPC Event Attendee List: In-Person Activity (Form Edition 10 September 2020)

(Indoor participant limit = 10 including the event host; Outdoor participant limit = 30 people including the event host)

Name of Activity/Event: _____

Event Host Name: _____

Event Host Phone Number: _____ Event Host Email Address: _____

Date and Time of Activity: _____

Location of Activity on the FPC Campus: _____

Screening Questions: (ask for each attendee and record the response below)

Q1: Have you or anyone with whom you live experienced any of the following symptoms with the past 48 hours: fever/chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Yes/No

Q2: Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory confirmed COVID-19 (a positive COVID-19 test) or with anyone who has any symptoms consistent with COVID-19? Yes/No

Q3: Are you or anyone with whom you live work or have had close physical contact (6 feet or closer for at least 15 minutes) currently awaiting the results of a COVID-19 test administered because of a potential exposure? Yes/No

Attendee Name	Q1 answer	Q2 answer	Q3 answer	Attendee Email Address	Attendee Preferred Phone Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Attendee Name	Screening Question 1 Response	Screening Question 2 Response	Attendee Phone Number (mobile preferred)	Attendee Email Address
11.				
12.				
13.				
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30.				

EVENT HOST SIGNATURE: _____

By signing above, you certify that this attendee list is complete for those who participated in your event and that all clean-up procedures have been completed.