UVM 4-H Participant Health Check



All participants must sign in below before participating:

*By entering this space and signing in below, you are confirming you have reviewed your health status and have none of the following symptoms:

• Cough • Fever or Chills • 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

Name	Email/Phone	Date

Name	Email/Phone	Date