**UVM 4-H Participant Health Check**

Vs. 01/21/22

All participants must sign in below before participating:

By entering this space 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

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<tr>
<th>Name &amp; Email or Phone</th>
<th>Date</th>
<th>Fully Vaccinated</th>
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<td>yes</td>
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<td>no/prefer not to</td>
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