



WISP SKI PATROL COVID – 19 Screening Questionnaire

Date* _____

Type* (Circle One) Wisp Patroller Visiting Patroller Wisp Candidate

Printed Name _____

Signed Name _____

Temperature _____ O² Saturation _____

Have you had any of the following in the last 14 days:

Fever (100.4 or higher), chills, sore throat, cough, runny nose, shortness of breath, difficulty breathing, unexplained fatigue, muscle pain, headache, unexplained diarrhea, nausea/vomiting, new loss of taste or smell, or other flu-like symptoms)* Yes No

Knowingly had close contact, with or without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19 (Close contact is defined as within 6 feet or more for more than 10 consecutive minutes)* Yes No

Received notification from public health officials (state or local) that you tested positive for COVID-19? * Yes No

Received notification from public health officials (state or local) that you are a close contact of a laboratory confirmed case of COVID 19?)* Yes No

If you answer “yes” to any of the questions above, you must refrain from coming the Wisp Resort until you are cleared by a medical provider.

If you believe you may have COVID-19 or have had close contact with a COVID-positive patient, the Wisp Ski Patrol advises you stay home and to get tested.

If you have been told to isolate or quarantine, you must refrain from coming to Wisp Resort until you are cleared through your local health department.

NOTE: The information collected on this form will be used to determine only whether you are healthy enough to perform ski patrol duties at Wisp Resort. The information on this form will be maintained as confidential.

(For further information and guidelines, see COVID-19 Procedures and Guidance for Fire/EMS Personnel published by Garrett County EMS and effective November 30, 2020.)