



The Wyoming Department of Health requires the following COVID-19 illness screening questions for businesses to use with event participants. Answering YES to any question will mean you are unable to participate until you have been screened by a healthcare provider.

Participant Name:

Participant Phone #:

Do you currently have any of the following:

	YES	NO
• Fever (100.4 Fahrenheit or higher) or feeling feverish?		
• Chills?		
• A new or worsening cough not caused by another health condition?		
• New or worsening shortness of breath or difficulty breathing not caused by another health condition?		
• New or worsening fatigue not caused by another health condition?		
• New or worsening muscle or body aches not caused by another health condition?		
• New or worsening headache that is not normal for you and not caused by another health condition?		
• New loss of sense of taste or smell?		
• Sore throat?		
• Congestion or runny nose?		
• Nausea or vomiting?		
• Diarrhea?		
• In the last two weeks, have you had close contact (within 6 feet for at least 10 minutes) with someone diagnosed with COVID-19? If the answer to any of these questions is "yes" then the employee should be sent home and directed to contact their healthcare provider.		