



**Tahoe City Public Utility District**  
330 Fairway Drive, Tahoe City, CA 96145  
(530) 583-3440, recreation@tcpud.org

### COVID-19 Questionnaire

While we are taking steps to stop the spread of COVID-19 and keep you and staff safe, be aware that there is an inherent level of risk associated with going into public at this time. No entry into a public setting can be guaranteed virus-free.

**If you do not feel comfortable with that risk, please do not participate in a TCPUD program.**

**If you have symptoms of COVID-19, please stay home!**

**If during or after program participation, you or anyone in your household fall ill, please contact the Recreation Department immediately.**

*Instructions: Please read the statements below, initial to the left that each statement is true, and sign this document at the bottom.*

\_\_\_\_\_ Neither program participant nor member of household has had or currently has a fever (greater than 100.4 F or 39.0 C) OR symptoms of lower respiratory illness such as cough, shortness of breath, difficulty breathing, or sore throat in the past 14 days.

\_\_\_\_\_ Neither program participant nor member of household has taken any fever reducing medicine in the last 12 hours.

\_\_\_\_\_ I hereby certify that program participant and all members of household are free and clear of the Coronavirus (COVID-19) and are fit to attend program.

\_\_\_\_\_ I understand that failure to comply with the health orders and county and state guidelines puts others at risk and will result in removal and dismissal from the program.

By signing this document, I certify that the above is true. I accept the risk that my child may be exposed through participation. I also acknowledge that if any of these items change at any point during my child's participation in TCPUD's program, I am to notify the Tahoe City Public Utility District Recreation Department immediately.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_