



Ford Performance Racing School COVID-19 Visitor Questionnaire

The safety of our participants, employees, supplier partners, families and visitors remain Ford Performance Racing School's (FPRS) overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spreads globally, FPRS is monitoring the situation closely and will periodically update company guidance based on current recommendations from the Centers for Disease Control & Prevention (CDC) and the World Health Organization (WHO).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our participants, workforce, and visitors, we are conducting a simple screening questionnaire, along with a temperature screening upon arrival to our facility. Your participation is important to help us take precautionary measures to protect you and everyone in our building. Thank you for your time.

Name:	Phone Number:		
Program/Location Name (check one):			
FPRS, 350, 500, STOA/Concord	ST SUV/Asheville	ST SUV/Park City	Raptor/Tooele
Self-Declaration:			
1. Have you returned from any of the following countries within the last 14 days? (China, Iran, Europe, United Kingdom, Ireland)			
Yes	No		
2. Have you been in close contact with someone who has traveled to any of the above listed countries in the last 14 days?			
Yes	No		
3. Have you had close contact with or cared for someone diagnosed with COVID-19 with the last 14 days?			
Yes	No		
4. Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, headache, sore throat, loss of taste or smell)?			
Yes	No		

If you can answer "Yes" to any of the questions within 14 days of your arrival, access to our facility will be denied. Please contact our sales department ASAP to discuss your options.

I acknowledge that my temperature will be taken upon arrival of my program day. I further acknowledge that I may be denied participation of my class should a fever (100.4 F or higher) or other symptoms of COVID-19 be present. I agree, that if I'm sent away for fever or other symptoms and I test positive for COVID-19, I will contact Ford Performance Racing School to inform them of such result.

Signature: _____ Date: _____

****Please fill out one form per "participant" and "guest" planning to attend. Print, sign & bring this signed document with you to present to a FPRS Staff member upon arrival.**