

UPMC Lemieux Sports Complex COVID-19 Questionnaire

As the COVID-19 pandemic continues to evolve and we return to normal activities, the safety of our employees, customers, families and guests remains the overriding priority of the UPMC Lemieux Sports Complex. We are making every effort to prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and guests. To that end, completion of the below questionnaire by all participants is mandatory as a precautionary measure to protect you and everyone in the facility. For participants under the age of 18, this form must be completed on their behalf by their parent or guardian.

Please answer all questions and sign the certification where indicated. Thank you for your help in making the Lemieux Sports Complex a safe and healthy facility.

Participant Name:	Personal Phone Number:
Parent/Guardian Name:	Parent/Guardian Phone Number:

1. Has the participant indicated above been diagnosed with COVID-19?

Yes No

2. Has the participant indicated above had any of the following symptoms in the last fourteen (14) days: fever; cough; shortness of breath; muscle or body aches; chills; new loss of taste or smell; sore throat; or congestion?

Yes No

If you answered “yes” to questions 1 or 2 above, the participant will not be permitted to enter the facility until at least 3 days (72 hours) have passed since recovery and at least 7 days have passed since symptoms first appeared. “Recovery” means resolution of fever without the use of fever-reducing medications and improvement in symptoms. If the participant has tested positive for COVID-19 and has not had any symptoms, at least 7 days must have passed since the date of the participant’s first positive COVID-19 diagnostic test and the participant has had no subsequent illness.

3. Has the participant indicated above had close contact¹ with or cared for someone diagnosed with COVID-19 within the last fourteen (14) days?

Yes No

¹ Close contact means being within 6 feet of such person for a prolonged period of time or having direct contact with infection secretions (e.g., being coughed on).

4. Has the participant indicated above had close contact with or cared for someone with any of the following symptoms in the last fourteen (14) days: fever; cough; shortness of breath; respiratory illness; muscle or body aches; new loss of taste or smell; or sore throat?

Yes No

5. Has the participant indicated above traveled outside the United States, been on a cruise, or been to any domestic hotspot within the last fourteen (14) days?

Yes No

If “yes,” what was the date that the participant returned? _____

6. Has the participant indicated above been in close contact with anyone who has traveled within the last fourteen (14) days to a country outside the United States, who has been on a cruise, or has been to any domestic hotspot?

Yes No

If “yes,” what was the date that the individual with whom the participant was in close contact returned? _____

If the answer to #3-6 above is “yes,” the above the participant will not be permitted to enter the facility until fourteen (14) days have passed from the date indicated above. It will be mandatory to complete this questionnaire again to enter the facility.

CERTIFICATION

By signing below, I certify that the information provided above is true and accurate. I understand that any known false statements on this questionnaire put employees, guests and participants of the Lemieux Sports Complex at risk, and that the Lemieux Sports Complex is relying on these truthful representations to provide services to me and others.

I further certify that I will immediately contact KARA RADEKE at COVIDupdate@pittsburghpenguins.com or 412.255.1848 in the event that any of the answers provided above change in the future. I agree to participate in a “contact tracing” process and answer “contact tracing” questions if my answers change and I was in “close contact” with any other individual while visiting the facility.

Signature of Participant/Parent or Guardian: _____

Date: _____