Label to include name, bib number and runner contact information.

HURT 100 Runner COVID-19 SURVEY FORM

The Hawaii Ultra Running Team (HURT) Inc. is committed to preventing the spread of COVID-19 among runners, the community of runners, pacers and volunteers and our world at large. Accordingly, before participating in any HURT event, all runners, pacers, and volunteers must complete the form below. Failure to do so and/or falsification of your responses to this form will result in an immediate disqualification from this event and, potentially, the ability to participate in any future HURT events.

Please indicate if you have you experienced any of the following symptoms in the past 48 hours (should you be experiencing any of these symptoms [or if you can answer "Yes" to any of the below questions], you will be excluded from participating in this event):

- Had a positive COVID-19 test within the last ten (10) days
- Had contact with anyone that you know tested positive for COVID-19 within the last fourteen (14) days
- A public health or medical professional requested you to self-monitor, self-isolate, or self-quarantine due to concerns about COVID-19 infection within the last fourteen (14) days
- Fever and/or elevated temperature (i.e. greater than or equal to 100.4° Fahrenheit)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes	No	
and entered by a race offic		ave had your temperature checked, verified, greater than or equal to 100.4° Fahrenheit, asked to leave the premises.
	(Signature of entrant)	Date (Must be race day)
(Temperat	cure of entrant [°F]) (Date to	emperature taken)
(Printed)		aking temperature of entrant)