MEADOWLANDS - COVID-19 Racing Screening and Acknowledgement					
Date		Name	PHONE #		
24.0					
To protect the health of patrons, employees, horsemen, racetrack employees and their families, as a business and Employer you must read, review, consent to, and agree to the conditions set out in this document. As a condition of racing you must f ollow all established State Department of Health and Center for Disease Control (CDC) guidelines and Protocols for a Safe Return to Racing. You must also truthfully and accurately respond NO to all COVID-19 risk-related questions, below.					
Υ	N Anyone refusing to comply or answering yes to any of the questions that follow will be denied entry.				denied entry.
		• Have you had a fever of 100.4 or above in the last 72 hours?			
		Have you taken medications to reduce a fever in the past four hours?			
		Do you currently have or have you experienced within the last 14 days:			
1	A new loss of taste or smell or a cough?				
		A sore throat? or difficulty breathing?			
		• Shortness of breath?			
		Muscle aches or pains?			
		A headache?			
		• Fever or Chills?			
		Congestion or Runny Nose? Abdustinal discounts 40.			
		Abdominal discomfort? Abdominal discomfort?			
		• In the past 24 hours have you vomited?			
	Have you been in contact with anyone in the past 24 hours who has any of the above symptoms?				ms?
	Have you:				
		Been in contact with anyone in the past 14-days who has had COVID-19?			
	 Been in contact with anyone in the past 14-days who has been experiencing any of the above, or COVID-19? 			e, or other, symptoms for	
		• Traveled outside of the contiguous United States within the past 30 days, including to any U.S. Te		S. Territories?	
	 Have you received a fitness for duty certification from a health care provider, or similar medica to COVID-19? 		cal documentation related		
	Been tested for COVID-19, by an approved FDA testing measure, and:		:		
(i) if so what result;		(i) if so what result; and (ii) when did you receive the	; and (ii) when did you receive the results of the test, (note, below)?		
taking accept virus/ill	temper that TI ness w	low, I certify that I have completed a daily symptom assessmatures with a thermometer or thermal screener (without us the Meadowlands, it's officers and employees assume no liably thile on Meadowlands property. I will comply with all protocole statements.	e of fever reducing r cility in the case that	nedication). I enter at my of I or anyone listed on this d	own risk and understand and ocument should contract any
Signature _X					