# MEADOWLANDS - COVID-19 Racing Screening and Acknowledgement

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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 follow 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.

### Y N

Anyone refusing to comply or answering yes to any of the questions that follow will be 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:**
- 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?
- 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?

### 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 other, symptoms for COVID-19?
- Traveled outside of the contiguous United States within the past 30 days, including to any U.S. Territories?
- Have you received a fitness for duty certification from a health care provider, or similar medical documentation related to COVID-19?

Been tested for COVID-19, by an approved FDA testing measure, and:

(i) if so what result; and (ii) when did you receive the results of the test, (note, below)?

By signing below, I certify that I have completed a daily symptom assessment in accordance with the applicable public health orders in effect, including taking temperatures with a thermometer or thermal screener (without use of fever reducing medication). I enter at my own risk and understand and accept that The Meadowlands, its officers and employees assume no liability in the case that I or anyone listed on this document should contract any virus/illness while on Meadowlands property. I will comply with all protocols required to participate. My signature below acknowledges my compliance with the above statements.

**Signature**   _X_