WELLNESS FORM

THE OKC HOME +OUTDOOR LIVING SHOW

In an effort to prevent the spread of COVID-19 and reduce risks, this self-assessment is to be completed by all exhibitors onsite. Your participation is important to our efforts to help ensure a safe environment. We appreciate your time and candor in completing the assessment.

Exhibitors and their representatives must complete this form and turn it in to Show Office each day that they are present. This includes move-in days, show days, move-out days.

Print Your Name: _____

Print Company Name: _____

Are you experiencing any of the following symptoms?

- ☐ Cough
- ☐ Fever now or have you in the past 14-21 days
- ☐ Shortness of breath or difficulty breathing
- ☐ Flu-like symptions, such as gastrointestinal upset, headache, or fatigue
- ☐ Recent loss of taste or smell

In the last 14 days, have you had any contact with someone diagnosed with COVID-19?

☐ Yes ☐ No

Have you taken a COVID-19 test but have not yet received the results?

☐ Yes ☐ No

Signature: _____ Date: _____

(Signature only valid for today's date.)

Masks required at ALL times except when eating/drinking.