

# WELLNESS FORM

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.

THE OKC  
**HOME**  
+OUTDOOR  
**LIVING**  
**SHOW**

*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 symptoms, 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.)*

**Both the city and the venue require masks be worn at all times, except when eating/drinking, inside State Fair Park buildings.**