



TULE RIVER TRIBE PUBLIC HEALTH AUTHORITY

Event Assessment Form

To keep our community safe during the COVID-19 pandemic, the Public Health Authority requests the following information from anyone wishing to host an event on the Tule River Indian Reservation or its properties of 25 people or more. Upon receipt of this form, the PHA will assess the risk level of the event then send to the Tule River Indian Tribal Government for approval.

During COVID-19, no event is risk free. Anyone attending an event should be aware that gatherings increase their risk of contracting COVID-19.

Instructions: The host of the event must complete the form below. Please return no later than business 5 days before the event to pha@tulerivertribe-nsn.gov or in-person at the Tribal Administrative Building. You will receive comments about the safety of your event.

Host Contact Information	
Name:	
Personal Address:	
Phone:	
Email:	

Event Information	
Please fill out as much information about the event. The Public Health Authority will use this information to assess the risk of the event.	
Event Address/Venue*: (*If event uses Tribal property, you also need to obtain approval by the Tribe separately from this form.)	
Date of Event:	
Is this event mostly outdoors or indoors? (Outdoor events, on average, have significantly less risk for transmission of COVID-19.)	Outdoor: _____ Indoor: _____

<p>Briefly describe your event. Use another sheet of paper if necessary.</p>	
<p>Approximately how many people are attending?</p>	
<p>Approximately how many or what percentage have a COVID-19 vaccine?</p>	
<p>How long (time) will the event occur?</p>	<p>Under 2 hours: _____ More than 2 hours: _____</p>
<p>Does your event include any...</p>	<p>Singing: _____ Chanting: _____ Shouting: _____ Athletic or High-physical exertion activities: _____</p>

<p>Host Responsibility: As the host of this event, I will ensure the following precautions</p>	
<input type="checkbox"/>	<p>I have read and will follow all current Public Health Authority orders</p>
<input type="checkbox"/>	<p>ALL attendees will wear a face mask or covering unless specifically exempted according to the Public Health Authority orders.</p>
<input type="checkbox"/>	<p>Participants will remain at least 6ft apart from anyone outside their household as much as possible</p>
<input type="checkbox"/>	<p>There will be handwashing and/or hand sanitizing stations</p>
<input type="checkbox"/>	<p>Venue capacity will be monitored to ensure that social distancing is followed</p>
<input type="checkbox"/>	<p>Attendance will be taken via a sign-in sheet</p>
<input type="checkbox"/>	<p>Anyone showing signs of COVID-19 (coughing, fatigue, fever, etc.) will be removed</p>

Please sign to confirm that you have read and understand the responsibilities of a host.

Host Signature: _____

For Internal Use Only

Assessment by the Public Health Authority	
Risk Level	<input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High
Notes	

PHA Signature: _____
Tribal Public Health Officer (or Designee)

Tribal Government Authority

On behalf of the Tule River Tribal Government, this event is	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Disapproved

Tribal Chairman Signature: _____
Tule River Tribal Chairman (or Designee)