Student Coronavirus (COVID-19) Screening Questionnaire

It is mandatory that all Branson Karate and Tai Chi Students complete COVID-19 questionnaire when enter training facility. Please answer all questions, use blue or black ballpoint ***No Exception***

STUDENT

	,		A	Age:		
Last Name		First Name	M.I.			
Date	e of Birth: / Month Date		umber: _()			
Add	Iress	, <u></u>	, State	_, Zip		
Em	ergency Contact Pe	rson:				
Pho	ne number: _()_					
1.	. Do you, or did you, have a fever \geq 100.4° F (38° C) or symptoms of a fever such as chills, muscle aches and/or weakness within the past 24 hours?					
2.	Do you have symptoms of respiratory illness? (e.g. cough, shortness of breath) YES					

3.Have you had close contact with a person who has tested positive or is under
investigation for COVID-19 within the last 5 days?YESNO4.Have you traveled outside of the U.S. or been on a cruise ship in the last 5 days?YESNO

If the person answers NO to all questions, they may enter facility.

If the person answers YES to any questions, further screening may be necessary.

If the person answers YES to Question No. 4, the person may NOT enter facility.

If the person <u>currently</u> has a fever > 100.4° F (38° C) the person may NOT enter facility.

Date:		/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:		/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:		/	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	1	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	1	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	1	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	1	Answers to Questions 1-4:	1.	2.	3.	4.
Date:	/	/	Answers to Questions 1-4:	1.	2.	3.	4.
	Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:	Date:/	Date: / Date: /	Date://Date://Answers to Questions 1-4:Date:/Answers to Questions 1-4:D	Date://Answers to Questions 1-4:1.Date://Answers to Questions 1-4:1.Date:<	Date://Answers to Questions 1-4:1.2.Date://Answers to Quest	Date://Answers to Questions 1-4:1.2.3.Date://Answers to Quest

Student Temperature & Health Check (STAFF to complete this each class.)

I consent to having my temperature checked and confirm that I have and WILL answer honestly to all four questions prior to being admitted to each class.

Student Print Name:	
Student Signature:	Date:
(If Student is a Minor, Complete th	e following.)
Parent Print Name:	
Parent Signature:	Date: