



# COVID-19 SELF-SCREENING FORM

The safety of our employees, students, and visitors, remains our primary concern. As the coronavirus (COVID-19) outbreak continues to evolve and spread, the company is monitoring the situation closely and will periodically update company guidelines based on current recommendations from the Center for Disease Control and Prevention and the World Health Organization.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, students, and visitors we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building.

Thank you for your time and cooperation.

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**I am a:** ☐ Company Employee ☐ Student ☐ Visitor

## CONTACT INFORMATION

Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Visitor Details

Who are you here to see? \_\_\_\_\_

***If the you check any boxes on question 1 below, access to the academy will be denied.***

### 1. Are you showing any signs of one or more of the following symptoms?

- |   |   |
|---|---|
| <input type="checkbox"/> Temperature >100.4 F or higher | <input type="checkbox"/> Cough                |
| <input type="checkbox"/> Shortness of breath            | <input type="checkbox"/> Difficulty breathing |
| <input type="checkbox"/> Tiredness                      |   |

### 2. Is the information you provided on this form true and correct to the best of your knowledge

- ☐ Yes

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_