



COVID19 HEALTH SCREENING FORM

Motorcycle Safety Participants

In order to protect all members of the college community from the spread of COVID19, participants in the Motorcycle Safety course taking place on campus are required to submit a daily health screening form each day they are on campus during Phase 2 of the campus reopening plan.

Are you currently experiencing any of the following symptoms?

<input type="checkbox"/> Cough (new or out of ordinary)	<input type="checkbox"/> Shortness of breath or difficulty breathing	<input type="checkbox"/> Fever/Chills
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Sore throat	<input type="checkbox"/> New loss of taste or smell

In the last 14 days, have you had close contact with someone who: is experiencing symptoms of, awaiting test results for, or has been diagnosed with COVID19? (Close contact is defined as a member of your household, or contact less than 6 feet apart)

Yes No

If you answered in the positive to any of the above questions, you are not authorized to be on campus.

I certify that I am not experiencing any of the above symptoms, nor have I been in close contact with a known or probable case of COVID19.

Print Participant Name

Date

Participant Signature