

# Sailing School Pre-Screening Questionnaire:

Student/Staff Name: \_\_\_\_\_

Please answer the following truthfully and thoughtfully. If the individual answers “yes” to any question, their responses should be reviewed by a designated medical leader to assess whether the individual can attend Sailing School. The family will be contacted after a decision is made by the Sailing School Administration.

Please check/circle off Yes or No.

Symptom	Yes	No
Temperature above 100.0 F.		
Cough		
Sore throat		
Shortness of breath or difficulty breathing		
Loss of taste/smell		
Unexplained body aches		
Nasal congestion		
Diarrhea/Upset stomach/Vomiting		
Redness in the eyes +/- discharge		
Unexplained malaise/fatigue		
Headache		
Rash		

Have you or anyone in your household tested positive for COVID-19 during the past 14 days?      Yes      No

Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19 during the last 14 days?      Yes      No

Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19 during the last 14 days?      Yes      No

To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19 during the last 14 days?      Yes      No

I confirm that the above information is accurate and current.

Parent/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

