

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

_____, _____, _____ **Age:** _____
Last Name **First Name** **M.I.**

Date of Birth: ____/____/____ **Phone Number:** _(____)_____
Month Date Year

_____, _____, _____, _____
Address **City** **State** **Zip**

Emergency Contact Person: _____

Phone number: _(____)_____

1.	Do you, or did you, have a fever $\geq 100.4^{\circ}$ F (38° C) or symptoms of a fever such as chills, muscle aches and/or weakness within the past 24 hours?	YES	NO
2.	Do you have symptoms of respiratory illness? (e.g. cough, shortness of breath)	YES	NO
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?	YES	NO
4.	Have you traveled outside of the U.S. or been on a cruise ship in the last 5 days?	YES	NO

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 currently has a fever $> 100.4^{\circ}$ F (38° C) the person may NOT enter facility.

