

TRAINING SOLUTIONS INTERNATIONAL

COVID-19 Health Check Form

To ensure the health and safety of our students and staff, please take a moment to fill out this Covid-19 screening questionnaire prior to your class. In addition to this questionnaire we will be taking steps to ensure student and staff safety, including limiting the number of people in the class to maintain distancing, and temperature checks with a no-contact thermometer prior to entry. Thank you for your patience during this challenging time.

1. Name (Print):

First

Last

2. Have you, your child, others in your household, or recent contacts tested positive for or been diagnosed as having COVID-19?

[] Yes [] No

If yes, when?

3. Have you, your child, or anyone in your household had a fever (greater than 99.6)?

[] Yes [] No

4. Have you, your child, or anyone in your household had a persistent cough?

[] Yes [] No

5. Have you, your child, or anyone in your household had shortness of breath, difficulty breathing, or pain and tightness in the chest?

[] Yes [] No

6. Have you or anyone with you been tested for COVID-19 and are awaiting the results?

[] Yes [] No

7. Have you come into contact with anyone experiencing symptoms of COVID-19 within the last 14 days.

[] Yes [] No

8. I understand that if I answer yes to any of these questions that I will be asked to reschedule my participation in today's class.

[] Yes [] No

9. Although exposure to COVID-19 is unlikely, do you accept the risk by attending today?

[] Yes [] No

My temperature today (As taken by TSI staff): _____

Please Sign