BRAZEN MARTIAL ARTS COVID-19 SCREENING QUESTIONNAIRE

The safety of our employees and our students is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our students and employees, we are asking everyone to complete and submit this questionnaire prior to entering the school. Please do not enter the school until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability.

NAME: _____ DATE: _____

1.	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)	Yes ☐ No ☐
Cough	Yes ☐ No ☐
Shortness of breath or difficulty breathing	Yes ☐ No ☐
Sore throat	Yes ☐ No ☐
New loss of taste or smell	Yes ☐ No ☐
Chills	Yes ☐ No ☐
Head or muscle aches	Yes ☐ No ☐
Nausea, diarrhea, vomiting	Yes ☐ No ☐

2.	In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? Yes ☐ No ☐
3.	In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes ☐ No ☐
4.	Have you been tested for COVID-19 and are waiting to receive test results? Yes ☐ No ☐
5.	Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes ☐ No ☐ NOTE: If you were previously positive and have since tested negative, you should select 'No'.

6.	In the past 14 days, have you been on a commercial flight or traveled outside of the United States? Yes ☐ No ☐
7.	In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States? Yes ☐ No ☐
8.	In the past 14 days have you traveled to or have you been around anyone who has traveled to any states currently on the NJ quarantine list? Yes ☐ No ☐
9.	Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation. Yes ☐ No ☐ Explanation: _____.
10.	STAFF ONLY: Temperature: _____

Participant/Guardian Signature: _____

STAFF ONLY

Participant is cleared for entry: YES NO

Staff Name (Print): _____

Staff Signature: _____