

Covid-19 Class Health Screening Questions

This questionnaire document must be read, completed and signed before entering the learning space for your Servsafe certification class.

A. Do you have any of the following symptoms?

- YES NO 1. Fever of 100.4 degrees or higher?
 YES NO 2. Cough?
 YES NO 3. Shortness of breath?
 YES NO 4. Sore throat?
 YES NO 5. Diarrhea?

B. Have you travelled internationally in the last month or traveled recently to an area that has a local known spread of Covid-19

YES NO

C. Have you had any close contact (within 6 feet) in the last 14 days with someone with a diagnosis of COVID-19 or symptoms of Covid-19 listed above?

YES NO

D. It is a requirement to keep your mask while you are inside the classroom. If you want to remove your mask you need to excuse yourself from the classroom and go outdoors. Do you refuse to comply with this requirement?

YES NO

E. You will be required to maintain a distance of at least 6 foot from all other people. Your seating has been arranged to allow you to be at least 6 foot apart from other people. Do you refuse to comply with this requirement?

YES NO

I you answer yes to any of the question above you will not be allowed into the class and will have to reschedule. I understand the requirements of this class & will follow the standards put in place as mention above in this document to keep all class participants safe.

Signature

Date

Printed Name