COVID-19 Screening Tool

Please use this tool to self-evaluate your health and determine if you are experiencing COVID-19 symptoms. Please begin utilizing this tool fourteen (14) days prior to your course.

Have you had any of the following symptoms in the past three days? | YES | NO
--- | --- | ---
Cough |  |  
Shortness of breath of difficulty breathing |  |  
Fever |  |  
Chills |  |  
Sore throat |  |  
Headache |  |  
Nausea or vomiting |  |  
Diarrhea |  |  
Runny nose or stuffy nose |  |  
Recent loss of taste or smell |  |  

Risk Factors | YES | NO
--- | --- | ---
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? |  |  
Have you traveled anywhere outside the 50 United States in the past 14 days? |  |  
Have you traveled to another state for a non-work-related purpose in the past 14 days? |  |  
Have you at any point been directed to quarantine or isolate by your state’s Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end? |  |  

TEMPERATURE SCREENING

Please indicate your temperature over the past 14 days.

<table>
<thead>
<tr>
<th>Day:</th>
<th>14</th>
<th>13</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp</td>
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<tr>
<td>Day:</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Temp</td>
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</tbody>
</table>

Start Date of Temperature Screening:___________________

If you answered “yes” to any of the questions above, or recorded a temperature of 100.4° or higher, you should not attend the course. Please contact US Sailing or your Instructor Trainer immediately to make other arrangements.