

Class: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

### Instructor Questionnaire

Within the past 72 hours, have you experienced any of the following symptoms of COVID-19?

- | <u>Yes</u>               | <u>No</u>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty breathing, shortness of breath, loss of smell or taste, unusual fatigue or symptoms of acute respiratory illness.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fever of 99.6° F (37.6° C) or greater using an oral thermometer, 99.1° F (37.3° C) or greater using a temporal (forehead) thermometer, or 100.1° F (37.9° C) or greater using a tympanic (ear) thermometer. |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs of a fever such as chills, aches & pains, etc.  |

Within the past 14 days, have you:

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Traveled in an area with widespread COVID-19 transmission without practicing social distancing?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had contact within the past 14 days with a lab confirmed or suspected COVID-19 case patient? <i>Contact is defined as being within 6 feet of a COVID-19 case for 10 minutes or longer or having direct contact with infectious secretions of a COVID-19 case.</i> |

### Instructor Self-Observations

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature 99.1° F (temporal thermometer) or greater. |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent coughing.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing.           |

**Instructions:** This form is to be completed by an AMSEA authorized instructor only, immediately prior to conducting an AMSEA class. Fill in all the blanks at the top identifying the class, location, date, and the instructor. Complete the Instructor Questionnaire and Self-Observations, recording your response with the appropriate check box. **If you answer "Yes" to any of the questions or observations, you must not teach in the class.** Contact the Training Coordinator at (907) 747-3287 to arrange a substitute instructor or to postpone or cancel the class.

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_