

Class: _____

Date: _____

Location: _____

Instructor: _____

Student: _____

Student Questionnaire

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

Yes

No

☐☐

Difficulty breathing, shortness of breath, loss of smell or taste, unusual fatigue or symptoms of acute respiratory illness.

☐☐

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.

☐☐

Signs of a fever such as chills, aches & pains, etc.

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Nausea, vomiting, or diarrhea.

Within the past 14 days, have you:

Yes

No

☐☐

Traveled in an area with widespread COVID-19 transmission without practicing social distancing?

☐☐

Have you had contact within the past 14 days with a lab confirmed or suspected COVID-19 case patient? *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.*

Instructor Observations of Student

Yes

No

☐☐

Temperature 99.1° F (temporal thermometer) or greater.

☐☐

Frequent coughing.

☐☐

Shortness of breath or difficulty breathing.

☐☐

Student Admitted to class.

Instructions: This form is to be completed by an AMSEA authorized instructor only. Fill in all the blanks at the top identifying the class, location, date, student's name, and the instructor. Be sure that the student's name matches the name on the student's ID. Complete the Student Questionnaire by asking the student each question and recording their response with the appropriate check box. Make an observation of the student's appearance and check their temperature using a temporal thermometer. Complete the Instructor Observations of Student by checking the appropriate check box for each observation.

Reviewed By: _____

Date: _____