

COVID-19 DISCLOSURE STATEMENT

We are treating the current COVID-19 outbreak very seriously. As part of our precautionary efforts, we would ask that you complete this disclosure statement, sign and date it. Once completed, please return this to document to your course instructor or a staff member.

COVID-19 SYMPTOM ASSESSMENT:

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

| | | | | | |
|----------------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| Fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Runny Nose | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shortness of Breath | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Loss of sense of smell | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sore Throat & Painful Swallowing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Headache | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Muscle aches | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nasal congestion | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fatigue | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Chills | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Loss of Appetite | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. If you answered YES to any of the above, were you tested for COVID-19? Yes No

If YES, what was the date of your test, and status of your results (negative, positive, pending)?

TRAVEL ASSESSMENT

1. Have you traveled outside of state/province or been on a cruise in the last 30 days? Yes No

If YES, what cities/countries did you travel to (please include start/end port locations for the trip)?

2. Have you been at an airport (to meet an incoming traveler) in the last 30 days? Yes No

If YES, which airport? _____

3. Have you been in contact with someone who has traveled out of state/province and/or been on a cruise in the the last 30 days?

Yes No If YES, where? _____

SELF-DECLARATION STATEMENT:

I hereby declare that I have responded truthfully to all questions above truthfully to the best of my knowledge.

First Name: _____ Last Name: _____

Signature: _____ Date (DD/MM/YY): _____

Upon signing, please return this document to reception or submit to your course instructor or a staff member..

FOR MANAGEMENT USE:

Reviewed By (Print Name): _____

Signature: _____ Date (DD/MM/YY): _____