



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 or 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.

Start Date of Temperature Screening:

Day:	14	13	12	11	10	9	8
Temp							
Day:	7	6	5	4	3	2	1
Temp.							

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.