

COVID-19 Health Screening Questionnaire

This form must be completed by everyone entering the building including all teachers, parents, and students. This must be completed upon entering each time.

Check yes or no for each question below. Based on the answers there may be follow up questions asked for clarification.

This form applies to: _____

Printed name of Individual

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater?

Yes No

2. Do you have any of the following symptoms?

- Cough
- Shortness of Breath or Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose
- Myalgia (Body Aches)
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Fever/Chills/Sweats

Yes No

3. Have you traveled internationally or outside of the state in the last 14 days? Or, have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes No

4. In consideration of myself and/or my children being allowed usage of the MACC property or facility during the COVID-19 pandemic and for other good and valuable consideration, receipt of which is hereby acknowledged, on behalf of myself, my children and all others who may claim by, under, or through myself I do hereby agree to indemnify and hold harmless and do hereby release, acquit, and forever discharge the MACC, SMEPF, and the Town of Signal Mountain and all of its officers, employees, agents and assigns, and all other persons or companies from any and all claims, actions, or causes of action which I and/or my children now have, or which may hereafter accrue, whether for personal injury or property damage, whether known or unknown, arising out of or in any way resulting from my and/or my children's usage of any MACC property or facility during the COVID-19 pandemic. I understand and agree that my signature below represents a signature on behalf of myself and each of my children.

Signature of individual or responsible adult

Date