

Health Questionnaire

Name: _____

Class Date: _____

Employer: _____

Phone #: _____

REQUIRED - YOU MUST CHECK ACKNOWLEDGEMENT AT BOTTOM OF FORM

The purpose of this questionnaire is to conduct COVID-19 screening of all individuals attending AK-CESCL classes. Because your health has the potential to affect the health of other people in this class, as well as their families and others, it is essential you answer these questions honestly.

In the event someone in the class has been in close contact with someone probable or confirmed with COVID-19, your contact information is necessary so we can inform you that your health and safety may be at risk. All medical information will be treated confidentially and only disclosed to others when required to meet our obligation to maintain a safe workplace.

IN THE PAST 14 DAYS HAVE YOU:

1. Had an onset of cough, shortness of breath, chills, headache or fever of 100.3 or higher?
YES NO

2. Been tested for COVID-19 and are awaiting results, diagnosed with COVID-19, or contacted by a State Department of Health that you may have been exposed to COVID-19?
YES NO

3. Experienced shortness of breath at rest or not related to exertion, inability to lie down because of difficult breathing, difficulty managing chronic health conditions because of difficulty breathing, or any type of respiratory illness?
YES NO

4. Experienced any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.) such as coughing, sneezing, sore throat:
YES NO

5. Provided care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat)?
YES NO

6. Have you travelled outside of Alaska within the last two weeks?
YES NO

7. Have you had to quarantine within the last two weeks?
YES NO

If you have answered YES to any of these questions, you are not permitted to attend this class and you should consider seeking medical attention.

If you have checked NO but you notice a change in your health within the next 14 days, we ask you to contact your class sponsor at _____.

Be prepared to follow the following safety protocols while attending this class:

1. Provide your own writing utensil
2. Provide/obtain your own food and beverages (storage will not be provided)
3. Use provided hand sanitizer when entering/exiting the building
4. Wipe down your table and chairs at the end of class with provided disinfectant.
5. Practice social distancing and maintain 6 feet of personal space at all times
6. Be considerate and try to limit one person in the restroom at any time
7. Wear a cloth face covering during breaks or when visiting the restroom. During the training face masks can be off
8. Breaks and lunches will be taken outdoors as much as possible
9. Follow any additional safety protocols issued by the AK-CESCL instructor

Safety Reminders:

1. Do not share office or protective equipment
2. Use sanitizer before touching community items
3. Avoid physical contact by discontinuing contact greetings such as hugs and handshakes and practice social distancing
4. Wash hands frequently for at least 20 seconds with soap and water
5. Limit face-to-face interactions as much as possible
6. Wear a mask and use disposable gloves if you feel more comfortable doing so
7. Cover nose and mouth when coughing or sneezing with arm or tissue, dispose of tissue after use and wash hands after coughing or sneezing
8. Avoid touching face (mouth, eyes, nose)

What to expect:

1. Cleaning and sanitizing supplies will be provided
2. Class sizes will be within health mandated requirements
3. Building and classroom doors will be wedged open

Today's Date: _____

By checking this box, you confirm you answered truthfully, read thoroughly, and agree to abide by these expectations.