

REQUIRED FOR SOUND TO SEA PARTICIPATION

Adult Covid-19 Pre Screening Form

Sound to Sea Environmental Education Program is committed to creating a safe and healthy environment for all participants and staff. In an effort to minimize the risk of illness on property we ask you first start at home. Please bring this completed form to Sound to Sea on arrival.

COVID-19 SYMPTOM LIST

- Cough
- Shortness of breath or difficulty breathing
- Fever/ Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Nausea/ Vomiting/ Diarrhea

PLEASE INITIAL If TRUE

1. I have not had contact with anyone with Covid-19 symptoms or has been diagnosed with Covid-19 in the 14 days before the start of the program. _____
2. No one in our household has been sick in the 14 days prior to the program. _____
3. I have not traveled by air or traveled out of state in the 14 days before the program. _____
4. I have adhered to NC State's guidelines regarding Covid-19 (including social distancing and mask wearing in public) for the 14 days prior to the program. _____
5. I understand that mask wearing will be mandatory to attend this program. _____

14 DAY TEMPERATURE CHECK:

Please fill this form out beginning 14 days prior to you start date of the program.

Program Start Date: _____ Covid-19 Screening Start Date: _____

DAY	14	13	12	11	10	9	8
Temp/ Symptom							
DAY	7	6	5	4	3	2	1
Temp/ Symptom							

My signature below indicates I completed this health screening daily for 14 days prior to the program and to the best of my ability. I understand that arriving at Sound to Sea healthy protects myself, students and staff.

Signature: _____ Date: _____