



## Paul Hall Center for Maritime Training and Education Health Questionnaire / Acknowledgement Form

Disclaimer: If you develop symptoms or become sick after submitting this form, it is your responsibility to contact the school to inform them prior to traveling. If you choose to travel while sick or showing symptoms you will be denied access to school facilities, including transportation to the school.

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_ Last four (4) of Social Security number (Members Only):

Have you traveled internationally or outside your home area within the last 14 days?

Yes      No

- if yes, please list where below - identifying which countries:

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**Have you experienced any of the following symptoms in the last 72 hours?**

|  |     |    |
|--|-----|----|
| Cough –  | Yes | No |
| Shortness of breath or difficulty breathing –  | Yes | No |
| <b>Or two of the following:</b>  |     |    |
| Fever of 100.4° F / 38 ° C or greater using oral thermometer “or” 99 ° F using a digital temperature gun – | Yes | No |
| Repeated shaking with chills –   | Yes | No |
| Chills –   | Yes | No |
| Muscle Pains –   | Yes | No |
| Headache –   | Yes | No |
| Sore throat –  | Yes | No |
| Fatigue –  | Yes | No |
| Loss of taste or smell –   | Yes | No |
| Congestion or Runny Nose –   | Yes | No |

Even if you have not personally experienced any of the above symptoms, have you been around anyone (Family Member, Friend, and/or Acquaintance) who has been tested or has tested positive for COVID-19?

Yes      No      - if yes, please indicate when you were last in close contact with this individual and the symptoms they were experiencing:

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**Note:** Per CDC guidelines, it is required that you wear a face mask while inside any building on campus and maintain six feet of distance from anyone else inside the facility. You will be subject to random temperature checks. If it is found you have a temperature as listed above, you may be denied access the facility or required to report to the Nurse/Clinic on site immediately.

Visit - <https://www.youtube.com/watch?v=iYvTiTzrq3k> for proper PPE and Facility Sanitation measures.

I acknowledge, understand, have been given access to, and intend to adhere to 1. The Paul Hall Center Enhanced Health, Safety and Sanitation protocol. 2. The Paul Hall Center Coronavirus SOP. 3. The Upgrader/Student Rules and Regulations SOP. 4. The Proper PPE and Facility Sanitation measures video. 5. The disclaimer on this form.

I agree to self-quarantine for fourteen (14) days before arrival to the Paul Hall Center.

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**Signature**

**Date**