



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 travelled internationally or outside your home area within the last 14 days?

Yes No - if yes, please list where below - identifying which countries:

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

Cough –	Yes	No
Shortness of breath or difficulty breathing –	Yes	No
Or two of the following:		
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

Have you received a Covid Vaccine? Yes No If yes, date received?

Have you had a flu shot in the past 6 months? Yes No Flu Shot Date (mm/yyyy):

Have you been tested, or been in direct contact with someone (Family Member, Friend, and/or Acquaintance) who has been tested for COVID-19 in the last 10 days?

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

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. Full vaccination status will not require 14 days quarantine.

Signature

Date