Daily Health Screening

This form MUST be filled out and turned in each day a student is training in person. You may turn this form in either electronically (preferred) or at the location by adult student or legal guardian. Forms may not be submitted a day(s) in advance, as we need to assess health daily.

If filling this out electronically, please submit prior to 12:00 pm so we can print the list and have it with us at the training location.

Symptom Check List

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

If you answer "yes" to any of these symptoms, please do NOT come to class today. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Temperature above 99.6-degrees
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. The CDC will continue to update this list as we learn more about COVID-19.

By signing this form, you verify that you or your child has not shown any of the above symptoms.

Additionally, I understand by signing this form that I will not hold Original Okinawan Karate of Holt, or any of its employees or volunteers liable or responsible for any viral, germ, bacteria or infectious disease I may contract, including covid-19.

Student name	date	signature of student, parent or legal guardian
Student name	date	signature of student, parent or legal guardian
Student name	date	signature of student, parent or legal guardian
Student name	date	signature of student, parent or legal guardian