



Class Date and Time

M Sa
T Su
W
Th / / 2020 : AM
F : PM

Instructor

Initial to certify no symptoms
no COVID contact
(see below)

Name

Temp

- No symptoms of COVID-19 within the last 14 days including:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
- No known contacts with anyone testing positive for COVID-19 within the past 14 days (this includes all healthcare workers participating in the care of COVID-19 patients)
- Has complied with social distancing guidelines for the last 14 days including wearing a mask and staying at least 6 feet away from others when out in public