

CMES COVID 19 Questionnaire and Orientation Protocols

COVID 19 Questions as Part of Registration Confirmation:

To promote the health of all persons involved with the training mission at Calhoon MEBA Engineering School (CMES), this questionnaire partially evaluates some potential COVID 19-related risks associated with arriving students and/or adjunct instructors. As part of the class attendance confirmation process, CMES Administration is requesting that you complete this questionnaire and return it to the Registrar before you commence travel to CMES.

No.	Question	Yes	No
1	Do you - or does anyone with whom you have had close contacts in the last 14 days (roughly 6' or living in the same household) - <u>have COVID-19 or flu-like symptoms</u> , such as: <ul style="list-style-type: none"> • Fever (temperature above 100.4 degree F) • Cough (not due to allergies) • Sore Throat • Shortness of Breath • New loss of smell of taste • Repeated shaking with chills • Muscle pain (not related to physical activity) • Headache 		
2	Are you - or is anyone with whom you have had close contacts in the last 14 days (roughly 6' or living in the same household) - <u>awaiting the results of a COVID-19 test?</u>		
3	Have you - or is anyone with whom you have had close contacts in the last 14 days (roughly 6' or living in the same household) - <u>tested positive for COVID-19?</u>		
4	Has a public health official or healthcare provider told you - or anyone with whom you have had close contacts in the last 14 days (roughly 6' or living in the same household) – that <u>you/they are suspected of having COVID-19 or should self-quarantine due to potential COVID-19 exposure(s)?</u>		

Individual Certification

I hereby confirm that my responses are true and correct. By completing and signing this form, I confirm to the Calhoon MEBA Engineering School (CMES) that to the best of my knowledge my presence at the school will not put anyone at risk of exposure to COVID-19. I also acknowledge the contagious nature of COVID-19 and understand and accept the risk that I may be exposed to or infected by COVID-19 while on the School's premises.

Individual signature _____ Date _____