



Pre-class COVID Symptoms Monitoring Form

As part of SailNashville's commitment to the safety of our students and instructors during this pandemic, we are requiring all of our students and instructors to monitor their symptom prior to class.

Please answer the questions below and present the completed form to your instructor at the beginning of your class. If you have a minor child taking the class, one of the parents must be responsible for completing and signing the form.

Thank you for your cooperation in keeping our sailing classes safe.

John Summers
President

In the past 24-hours, have you experienced any of the following?

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Fever or chills | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cough | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Shortness of breath or difficulty breathing | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Fatigue | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Muscle or body aches | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Headache | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| New loss of taste or smell | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Sore throat | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Congestion or runny nose | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Nausea or vomiting | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diarrhea more than normal | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Positive COVID test in the past five days | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Name

Please print

Signature

Date