

## Act 49 Constables' Training – COVID Self-Screening

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cert # \_\_\_\_\_

Class # \_\_\_\_\_

Date: \_\_\_\_\_

Current Temperature: \_\_\_\_\_

Are you currently or have experienced in the last 24 hours any of the following health issues\*:

\_\_\_ Persistent and unusual dry cough

\_\_\_ Repeated shaking with chills

\_\_\_ Fever (100.4 or higher)

\_\_\_ Muscle pain (not attributed to training activities)

\_\_\_ Shortness of Breath (not associated with an underlying medical condition)

\_\_\_ Headache

\_\_\_ Difficulty Breathing (not associated with an underlying medical condition)

\_\_\_ Sore throat

\_\_\_ Chills

\_\_\_ New loss of taste or smell

\*Any three of these symptoms may result in the instructor asking a constable to leave training until medically cleared.

Have you been exposed to anyone with a positive COVID diagnosis or COVID symptoms?

\_\_\_ Yes    \_\_\_ No

Have you travelled outside the country in the last 6 months?    \_\_\_ Yes    \_\_\_ No

Have you received the COVID vaccination?    \_\_\_ Yes    \_\_\_ No    \_\_\_ No Response

Constable Signature: \_\_\_\_\_

Note: This form will be destroyed by training provider 14 days after the class.