



Student Screening Release Form

Your health and well-being are of the utmost importance and we are taking measures to keep the WCAR a safe environment for employees as well as the individuals attending classes and the public. Therefore, anyone coming into the office will be screened and part of our screening process will have their temperature taken and answer the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?
 YES NO
2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?
 YES NO
3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?
 YES NO
4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
 YES NO
5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?
 YES NO
6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)?
 YES NO

If the individual answers YES to any of the questions the student will not be allowed into the office, the student may be asked to register for the online version of the class or provided with a refund and advised to seek the opinion of a healthcare provider.

STUDENT LICENSE NUMBER: _____

Signature: _____ **Date:** _____ **Time:** _____

Staff Initials _____

Temperature: _____