

# 2020-2021 NHSBTC Temperature Check Form

Name of School: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

*All attendees must be included in this screening (adult and youth). Use additional copies of the form as needed for the number of participants attending. There is one page for all cadets (competing and non-competing) and one for all adults. Any attendee with any of the following symptoms should not attend and should be left at home: Fever of 100° or more, persistent cough, shortness of breath, persistent headaches, new loss of taste/smell, as well as anyone that has recently been in contact with a Covid-19 positive individual.*

**CADETS – Please list competing cadets first followed by non-competing.**

	Cadet Name	Competing Yes / No	3 Days Prior Date: _____	2 Days Prior Date: _____	1 Day Prior Date: _____	Temp Registration Date: _____
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I, \_\_\_\_\_ (print name), the undersigned instructor for the school listed above hereby certify that this information is accurate and that our school has followed the appropriate health screening for all individuals listed.

\_\_\_\_\_ (signature)

# 2020-2021 NHSDTC Temperature Check Form

Name of School: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

*All attendees must be included in this screening (adult and youth). Use additional copies of the form as needed for the number of participants attending. There is one page for all cadets (competing and non-competing) and one for all adults. Any attendee with any of the following symptoms should not attend and should be left at home: Fever of 100° or more, persistent cough, shortness of breath, persistent headaches, new loss of taste/smell, as well as anyone that has recently been in contact with a Covid-19 positive individual.*

**ADULTS – Please list Instructors first then other Adults Support Staff**

	Name	Mark if Instructor	Temp Registration Date: _____
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I, \_\_\_\_\_ (print name), the undersigned instructor for the school listed above hereby certify that this information is accurate and that our school has followed the appropriate health screening for all individuals listed.

\_\_\_\_\_ (signature)