

Safe Attendance: A Shared Responsibility

Welcome! And thank you for your consideration of others' safety during class. In an effort to continue to minimize transmission of airborne diseases we ask students to exercise certain precautions prior to their course, regardless of vaccination status.

We ask that you please **limit your exposure to coronavirus for 14 days before the course** and monitor your symptoms using the [symptoms journal](#). Please do not attend class if you have an airborne-contagious illness such as COVID-19, or had close contact with someone who has been COVID positive in the 14 days prior to your course.



Please get this form printed, sign it the morning of class (not before), and submit it to your instructor before class begins. Thank you!

By signing below, I attest to the following:

- (1) In the 14 days before class, I have not tested positive for COVID-19,
- (2) To my knowledge, I have not had close contact (such as shared indoor breathing space) with someone who tested positive for COVID-19 in the 14 days before class.
- (3) If, in the 14 days before class, I have experienced any one or more of the following symptoms:
 - *felt* feverish, or confirmed fever 100.4°F or higher • chills • rash • chest pain or pressure • difficulty breathing • shortness of breath • dry cough • productive cough • sore throat • swollen lymph nodes • congestion • runny nose • headache • muscle ache/pain • body ache/pain • fatigue / weakness • abdominal pain • nausea • vomiting • diarrhea • other change in bowel movements • change in appetite • change in sense of taste • change in sense of smell

... then I attest that either (A) I have a chronic, non-contagious health condition which perfectly accounts for these symptom(s), OR (B) I discussed these symptom(s) with a physician, nurse practitioner, or physician assistant, and they have confirmed that I will not be contagious to others during this MEDIC SOLO class.

(4) In between class days, if I newly develop any one or more of the above-listed symptoms, to maintain others' safety, I agree that I will continue to attend class only if I once again satisfy what is in the paragraph above.

(5) During class, if I newly develop any one or more of the above-listed symptoms, right away I will (i) put a mask over my nose and mouth, (ii) distance myself from others, and (iii) seek medical advice.

Signature of **Participant** _____ Print Name _____ Date _____

For a participant under age 18, as Parent or Guardian, in my signing below, I attest to all of the above for the minor who signed their name above.

Signature of **Parent or Guardian** _____ Print Name _____ Date _____