

**Washington WING CIVIL AIR PATROL**

**Attachment 2 HEALTH SCREENING QUESTIONNAIRE**

**Health Screening Questions for Members Upon Entry to CAP Meeting Space**

(Must be completed each meeting or activity, Information will be used by the HSO to assess each member but will not be collected or maintained.)

1. Do you now or have you had within the last two weeks any symptoms associated with COVID-19? No \_\_\_ Yes \_\_\_ Circle letter(s) associated with symptom(s) if you said yes  
a. Cough      b. Fever over 100.4°      c. Shortness of breath/difficulty breathing  
d. Sore throat      e. Chills      f. Loss of taste or smell      g. Muscle pain
2. Are you experiencing any flu-like symptoms? No \_\_\_ Yes \_\_\_
3. Have you had any contact with a known positive COVID-19 patient within the last two weeks? No \_\_\_ Yes \_\_\_
4. Have you traveled outside the U.S. or Washington in the last two weeks? No \_\_\_ Yes \_\_\_

**By answering “yes” to questions 1-3, access to the CAP Meeting will be declined until symptoms resolve. If you answered “yes” to question 4, please request a determination by the squadron safety officer or squadron commander before access is granted.**

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

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

**Stay home if you are sick. You participate at your own risk. You must wear a mask. Your temperature must be recorded. Cover your coughs and sneezes. Wash your hands frequently. Do not touch other people. You must practice social distancing (6 feet). No sharing of anything. Parents must drop off and pick up cadets outside. Only members permitted in buildings. Building will be disinfected in according with CDC guidelines.**