



Self-Health-Screening Form

Please complete the attached *Self-Health-Screening Form*, sign it and bring it with you to the test site along with your *Registration Ticket*, and your signed *Statement of Social Obligation*. If your temperature is 100.4°F (38°C) or above, and/or you have had significant symptoms that are new within the past 14 days, please do not come to the test site. A single “yes” or check mark below will not necessarily disqualify you from taking the examination. A brief health screening will be required before you will be allowed to enter the test site.

My temperature today is _____, taken with (check one):

- An oral digital thermometer
- An oral mercury thermometer
- A rectal thermometer
- An axillary thermometer
- A thermal thermometer
- Other: _____.

My oxygen saturation reading is _____ (not required, but please include if you have a pulse oximeter).

Please indicate with a check mark, any of the following symptoms that have been new within the past 14 days:

- Fever (100.4°F or 38°C)
- New onset of cough or worsening chronic cough
- Shortness of Breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decreased sense of smell or taste
- Chills
- Headache
- Unexplained fatigue/malaise/myalgia
- Unexplained nausea, vomiting, diarrhea, abdominal pain
- Unexplained rhinorrhea or allergy symptoms
- Conjunctivitis
- Changes in alertness or responsiveness

Have you had close contact with anyone who has an acute respiratory virus during the past 14 days? Yes No

Have you had close contact* with anyone who has a confirmed case of COVID-19 during the past 14 days? ___ Yes ___ No

*Being in close contact is defined as one or more of the following:

1. Living in the same household as a person with COVID-19.
1. Caring for a person with COVID-19, without using an N-95 mask.
2. Being within 6 feet of a person with COVID-19 for more than a few minutes, without using an N-95 mask.
3. Being in direct contact with secretions from a person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.).
4. Being in close contact (as described above) in the 48 hours before a person with COVID-19 developed symptoms.
5. Being contacted by a Contact Tracer regarding a potential COVID-19 exposure.]

I acknowledge that NABNE has implemented protective measures and taken reasonable precautions to reduce the potential spread of COVID-19 during the August 2020 administration of the NPLEX. I recognize, however, that my voluntary participation in taking these examinations could increase my risk of contracting COVID-19. I understand that, despite following CDC guidelines, NABNE cannot guarantee that I will not be exposed to someone who has been infected with COVID-19 or that I will not become infected with COVID-19 in connection with my participation in taking these examinations. I accept sole responsibility for any and all health and/or financial consequences that may result from COVID-19 exposure, and I release NABNE from any and all liability for unintentional exposure or harm due to COVID-19.

By my signature I attest to the fact that I understand that my actions have consequences for other people, and I will do what I can to keep us all safe.

Signed: _____ Date: _____

Printed name: _____

INFORMATION IF REQUIRED FOR CONTACT TRACING PURPOSES:

Your phone number: _____

Name of someone with whom you live or are in regular contact: _____

Her/his phone number: _____ Her/his email: _____