

Pil Sung Taekwondo
Self-Screening
Questionnaire



Last Name: _____ First Name: _____

Date of Birth: _____ Today's Date: _____

Using a thermometer, take your temperature.

1. Is your temperature equal to or greater than 100.0 degrees Fahrenheit?

___ **No. Go to the next question.**

___ **Yes. No further screening is needed. You may not participate in the Pil Sung Taekwondo activity at this time.**

2. Did you have any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

___ **No. Go to the next question.**

___ **Yes. No further screening is needed. You may not participate in the Pil Sung Taekwondo activity at this time.**

3. Are you currently experiencing **ANY** of the following symptoms?

- Cough (new or worsening)
- Shortness of Breath (new or worsening)
- Troubled Breathing (new or worsening)
- Fevers
- Chills
- Muscle Pain (new or worsening)
- Headache (new or worsening)
- Sore Throat (new or worsening)
- New loss of taste
- New loss of smell

___ **No. Go to the next question.**

___ **Yes. No further screening is needed. You may not participate in the Pil Sung Taekwondo activity at this time.**

4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

___ **No. Go to the next question.**

___ **Yes. No further screening is needed. You may not participate in the Pil Sung Taekwondo activity at this time.**

Signature: _____ Date: _____

Name (print): _____

Phone/E-mail: _____