

COVID-19 Affidavit Agreement

The health and well-being of CATC members are of the utmost importance and, as such, we are taking measures to keep the buildings a safe environment for all members. As a result, we are asking all members participating in a class to do the following:

1. Complete the health screening questions below and bring to class with you the first week. If you answer "yes" to any of these questions, we ask that you stay home to help prevent any possible spread of COVID-19.
 - a. Within the last 14 days have you experienced a new cough that you cannot attribute to another health condition?
 Yes
 No
 - b. Within the last 14 days have you experienced new shortness of breath that you cannot attribute to another health condition?
 Yes
 No
 - c. Within the last 14 days have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity, such as physical exercise?
 Yes
 No
 - d. Within the last 14 days have you had a temperature at or above 100.4 or the sense of having a fever?
 Yes
 No
 - e. Within the last 14 days have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?
 Yes
 No
2. Take your temperature prior to coming to class. If your temperature is at or above 100.4 please stay home and contact your instructor to let them know you will not be in class.
3. Ask yourself the questions listed above before coming to class each week. If, at any point, you answer "yes" to any of them, contact your instructor to let them know you will not be in class.

By signing below, I acknowledge the following:

1. I will abide by the procedures listed above.
2. CATC reserves the right to conduct a temperature check, if they feel someone is exhibiting any of the symptoms of COVID-19. If that person has a temperature at or above 100.4, they may be asked to go home.
3. The policies and procedures are subject to change based on new guidelines issued by the State of Ohio, CDC, Ohio Department of Health, Franklin County Health Department, or Columbus Health Department.

Signature

Print Name

Date
