

## COVID-19 - ACI CERTIFICATION CONSENT FORM

Dear Certification Attendee,

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to ACI staff and other participants, we are conducting a simple screening questionnaire. Your participation and consent to collect the information below is required for your entry into our hosting facility and important to help us take precautionary measures to protect you and all other individuals.

We ask that you follow guidelines recommended by public health authorities, such as washing your hands thoroughly and frequently, avoiding touching of the face, practicing “social distancing,” and no handshaking and other interpersonal contact.

ACI will securely store this form, and it will be destroyed 30 days after your session. If you become ill in the next 14 days, please contact your ACI host and inform them as soon as possible. In such a case, we may notify other individuals that attended your session (without identifying you by name) to ensure they follow appropriate protocols for possible COVID-19 exposure. This form may be shared with health officials.

We ask for your understanding as we all do our part to help end the spread of COVID-19.

Thank you for helping us help you.

Sincerely,

Tammy Meldrum  
ACI Intermountain Chapter  
[director@aciintermountain.com](mailto:director@aciintermountain.com)  
801.250.3444

Name	
Address	
Phone number	
Email address	
Employer	
Employer contact name	
Employer phone number	
Date and time of exam session attended	

1. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID-19 diagnosis or presumed confirmed COVID-19 case in the past 14 days?	YES	NO
2. Have you had a fever (greater than 100.4 F) OR symptoms of lower respiratory illness such as coughing, shortness of breath, or difficulty breathing in the past 14 days?	YES	NO
3. Do you have a medical reason preventing you from wearing a face mask as would be required during any ACI certification session?	YES	NO
4. Have you traveled (flown) internationally or domestically within the last 14 days?	YES	NO
5. As of the date of said exam session, do you exhibit any of the following symptoms: <ul style="list-style-type: none"> <li>• Fever above 100.4</li> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Loss of sense of smell or taste</li> <li>• Sore throat</li> <li>• Muscle aches and pains</li> </ul>	YES	NO
If you have answered "YES" to any of the above questions, please contact the ACI Intermountain Chapter to discuss rescheduling your certification exam. We hope you understand and support our efforts in mitigating the risk and spread of the COVID-19 virus.		
All temperature testing is in compliance with HIPAA privacy rules and regulations. No temperature results will be stored or shared.		
6. Do you voluntarily consent to the testing of your body temperature	YES	NO
7. Do you agree that if your temperature exceeds CDC COVID-19 safety guidelines of 100.4, you will not be admitted into the testing center and will not hold the American Concrete Institute Intermountain Chapter or the American Concrete Institute liable for expenses related to this certification exam.	YES	NO
8. Do you understand that all safety precautions have been implemented to prevent the spread of COVID-19 and that the American Concrete Institute Intermountain Chapter or the American Concrete Institute will not be held liable for any adverse health consequences in relation to attendance at this ACI certification session.	YES	NO
9. Do you understand that you must provide your own testing equipment for demonstration of ASTM standard as they relate to ACI Concrete Field Testing Technician Grade 1 and if you choose to share equipment with someone who works for the same employer, you do so at your own risk.	YES	NO

Signature

Date