On-Site Health Screening - Arrival & Exit

KĀNEHŪNĀMOKU VOYAGING ACADEMY

In an effort to minimize illness, we ask that you check on the health of you and your family members attending KVA programs.

Q1—No one in our household have been sick for the past 72hrs.

Q2—No one in our household have traveled by air or out of state in the last 14 days prior to KVA program.

Q3—Our household have been adhering to the state's guidelines regarding COVID19.

Date:

Group:

Activity:

Date	Name:	Q1 (intl)	Q2 (intl)	Q3 (intl)	Temperature: 100.4 F or Greater?	Coughing	chills	muscle pain	sore throat	nausea	vomitting	diarrhea	new loss of taste or smell	shortness of breath or difficulty breathing	Check in time	Temperature: 100.4 F or Greater?	Coughing	chills	muscle pain	sore throat	nausea	vomitting	diarrhea	new loss of taste or smell	shortness of breath or difficulty breathing	Check out time	.Medical Officer

FOR ANY YES ANSWERS OR TEMPERATURE ABOVE 100.4 F, we will require additional screening by MEDICAL PROFESSIONAL prior to Acceptance to Program or Work Site.

Some additional measures until Program Participant or Employee is checked by MEDICAL PROFESSIONAL: Isolate Program Participant or Employee (separate area)