

Vermont Department of Health

Child Passenger Safety Program

CPS Certification Class Health Screening

COVID-19 Screening (Filled out each day)

To keep everyone safe for CPS events we would like you to Self- Certify that you are not experiencing any COVID-19 related issues. (Instructors and students)

1. Do you have any of the following?	Yes	No
✓ Fever-temperature of 100.4 or greater?		
✓ Shortness of breath within the most recent 2 weeks?		
✓ Cough		
✓ Chills		
✓ Muscle pain or body aches		
✓ Headache		
✓ New loss of taste or smell		
✓ Sore throat		
✓ Congestion or runny nose		
✓ Nausea or vomiting		
✓ Diarrhea		
2. Are you ill or caring for someone who is ill?		

Any answer of Yes requires further discussion with the Instructors. If there is any doubt it is safe for you to participate you will be asked to consult your healthcare professional.

Name PRINTED

_____/_____

Signature/Date

Temperature upon arrival? _____

Reviewed by (CPS Instructor team member) _____

Initials



DEPARTMENT OF HEALTH *and the*
GOVERNOR'S HIGHWAY SAFETY PROGRAM