



Southern California Kendo Organization

E-mail: promotion@socalkendo.org

COVID-19 Self Screen Form

NOTE: This is MANDATORY for ALL ATTENDEES

***Please bring this form fully filled out on the day of examination with your negative COVID-19 test.**

1. Full name? (As registered in AUSKF)

2. Dojo Name:

3. Please circle your role for attending this event.
 - Examinee
 - Judge
 - Volunteer
 - Parent / Guardian

4. If Examinee, which rank are you testing for?

5. All participants are required to answer the following screening questions prior to participation. **Circle your answer.**
 - Have you experienced any of the following symptoms in the last 48 hours? Fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose or sore throat.
YES / NO

 - Have you been around anyone exhibiting these symptoms within the past 14 days? YES / NO

 - Are you living with anyone who is currently diagnosed with COVID-19 or quarantined?
YES / NO

To be filled out by Volunteer Only

Temperature: _____