



ROC CITY SAILING
2050 Bay Shore Blvd.
Rochester, New York 14622

PARTICIPANT AND INSTRUCTOR PRE-LESSON HEALTH & COVID-19 SCREENING FORM

2020 RCS Health and Safety Protocols

- Stay home if you feel ill (lessons can be rescheduled)
- Wash hands or use hand sanitizer before and after your lesson
- Practice social distancing (keep minimum 6 feet from others)
- Wear face masks / coverings while on shore and in the clubhouse

SCREENING QUESTION	PARTICIPANT	INSTRUCTOR
Do you have or have you had a fever in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing shortness of breath or other difficulties breathing?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a new or worsening cough?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any flu-like symptoms (upset stomach, headache, fatigue, sore throat, muscle or body aches, congestion, runny nose, nausea, vomiting, diarrhea, fever, chills)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you experienced a recent loss of taste or smell?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing a persistent pain or pressure in the chest?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing any new bouts of confusion?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you experiencing a recent inability to wake or stay awake?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you recently noticed your lips or face turn bluish?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had contact in the last 14 days with anyone confirmed to have COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you travelled outside of Upstate NY in the past 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your current forehead temperature reading higher than 100.3 degF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

If any of the answers to these questions is "YES", further discussion between instructor and participant is required including consideration to reschedule the planned sailing lesson.