U.S. NAVAL
SEA CADET CORPS
www.seacadets.org

USNSCC COVID-19 Cadet & Adult Screening Form

(Items in **BOLD** text shall be verbally verified with parents)

I,_____, affirm that:

(Cadet/Volunteer Name - Printed)

- **I do not currently have any signs/symptoms of COVID-19 or any other respiratory or flu-like illness, including:**
  - **Coughing**
  - **Fatigue**
  - **Fevers/Chills**
  - **Loss of smell or taste**
  - **Sore throat**
  - **Unexplained rashes**
  - **Muscle or body aches**
  - **Nausea or vomiting**
  - **Diarrhea**
  - **Runny nose/congestion**
  - **Strawberry tongue**
- *[If fully vaccinated against COVID-19, skip this question]* In the past 14 days, I have not had contact with anyone who has tested positive for, or exhibited the symptoms of, COVID-19 or any other respiratory or flu-like illness.
- I will immediately notify my Unit Commanding Officer and/or COTC if I develop symptoms or have contact with an ill person.
- **I have not traveled internationally within the last 30 days.**
- I will immediately notify my Unit Commanding Officer and/or COTC if I make international travel plans.
- While at drill/training, I will follow all required COVID-19 protocols, including regular handwashing, physical distancing, respiratory etiquette, and mask wear.
- **While at drill/training, I will immediately self-report any signs/symptoms of COVID-19 or respiratory or flu-like illness that I am experiencing to my unit or training chain of command.**
- **I understand that if I exhibit symptoms of COVID-19 or any other respiratory or flu-like illness while at drill or training, I will be isolated, and my parents will be required to arrange immediate transport home.**
- I acknowledge the risks of participating in group activities during the ongoing COVID-19 pandemic, and I accept these risks. I release the USNSCC, its officers, representatives, agents, and volunteers from any and all claims related to illness, injury, or death as a result of COVID-19 infection obtained during my participation in USNSCC activities.

_____

Parent (for cadets) / Volunteer Signature Date

_____

Adult In-Take Staff Signature Date