



Washington ACI Chapter

Exam: _____

Date: _____

Venue/s: _____

Written: _____

Performance: _____

Employer: For the purposes of contact tracing, if after attending an ACI certification session your employee reports positive for COVID, please notify the WACA office immediately at 206.878.1622 so we may notify other attendees.

Attendee Info:

Name: _____ Company: _____

Address: _____

Email: _____ Phone: _____

Health Statement:

Our priority is maintaining CDC guidelines, social distancing of 6 feet or more between individuals, frequent and proper hand washing and sanitizing touch points. Bring and wear your own PPE: eye-wear, masks, and gloves. Do not share tools or other equipment. If that can't be avoided, all equipment shall be wiped and disinfected after use and before use by others.

Be prepared to demonstrate your good health (no colds, fever, and symptom free) to be part of any exam/performance session.

If you are not feeling well, please stay home.

Self Declaration

Have you been tested for COVID-19 within the past 14 days? Yes No

If so, were your test results: Positive? Negative?

If tested positive, have you satisfied quarantine requirements and received a doctor's note authorizing you to return to work?

Yes No

1. Have you been in contact with anyone infected, suspected or diagnosed with COVID-19 in the last 14 days?

Yes No

2. Are you experiencing any of the following (**check any that apply to you**) Not experiencing any symptoms

Fever Cough Shortness of Breath Body Aches Sore Throat Headache Chest Pain

3. Temperature checked today? Please list your temperature reading from today: _____

4. For the health and safety of others in this testing session, did you participate in any of the recent activities that occurred in cities across Washington which resulted in heavy crowd interaction and low social distancing? Yes No

Have you been exposed to anyone who participated that has symptoms or has been diagnosed with COVID-19? Yes No

If so, you may be asked to return home to take care of yourself. You may consider seeing a physician.

I agree to abide by all compliance measures of today's sessions.

Attendee's Signature

Date