



**ARTINTERNATIONAL**  
Accelerated Resolution Therapy Training & Research

**Basic ART Training  
COVID-19 PRE-SCREEN QUESTIONNAIRE**

Name of Trainer: \_\_\_\_\_ Dates of Training: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Trainee (please print): \_\_\_\_\_

**It is important that CDC guidelines are followed to ensure everyone's safety. Please answer each question below and submit the form to your trainer prior to entering the training room.**

Questions	Circle Response	
1) Have you been in close contact with a confirmed case of COVID-19?	YES	NO
2) Are you experiencing a cough, shortness of breath or sore throat?	YES	NO
3) Have you had a fever in the last 48 hours?	YES	NO
4) Have you had any new loss of taste or smell?	YES	NO
5) Have you had vomiting or diarrhea in the last 24 hours?	YES	NO

If you circled **YES** to any of the questions listed above, please speak to the trainer to reschedule your training. Safety is important to us, and we appreciate you supporting our efforts to maintain a virus-free learning environment.

By signing this form, you agree that you are healthy and have not been near or around anyone who has been exposed to or suffered symptoms related to the coronavirus and that you have not been diagnosed with the virus.

\_\_\_\_\_  
Trainee Signature