

AUSKF / Detroit Kendo Dojo COVID-19 QUESTIONNAIRE

The safety of our members, families and visitors is our top priority. As the coronavirus disease (COVID-19) outbreak continues, the AUSKF board will monitor the situation closely and will periodically update our guidelines based on current government and healthcare recommendations. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our members, families and visitors, we are requiring a simple screening questionnaire BEFORE YOU MAY ENTER THE DOJO. Your participation is important to help us take precautionary measures to protect you and everyone within the facility. We appreciate your cooperation.

Please check the new Jigeiko Eligibility Certification below.

NAME(S) OF PERSON(S) ENTERING DOJO (PRINT)	PHONE NUMBERS
1) _____	Home : _____
2) _____	Mobile : _____
	Email : _____

SELF-DECLARATION BY participants and visitors

1. Do you have fever (>100.4F), or feel feverish / chill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have a sore throat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have muscle pains?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a headache?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have loss of smell or taste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have nausea, vomiting, or diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you feel any different from your usual state of health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you been diagnosed with COVID-19 within the last 30 days? If you answer "yes" to this question, you should not participate in the practice for at least 14 days from the date of onset. After 14 days, if you do not have the above symptoms 1-9, you can participate in the practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you been in close contact with someone diagnosed with COVID-19 or someone with suspicious symptoms described in 1-9 within the last 14 days? If you answer "yes" to this question, you must submit proof to the dojo of a negative Covid-19 test taken at least 3-5 days after exposure or possible exposure to COVID-19. Or, you may refrain from practicing for 14 days after contact with an infected person. After 14 days with no symptoms 1-9, you will be able to return to keiko .	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you or anyone close to you traveled to locations with COVID-19 major outbreak within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A yes answer to any of the above questions may result in the visitor being denied access to the dojo.

Participants and visitors must follow the guidelines below:

1. Cover your mouth and nose using mask and/or shield. Change your mask before it is soaked.
2. Wash / sanitize your hands and feet frequently. At least before and after the class.
3. Minimize using locker room and/or restrooms while you cannot keep 6 feet away from each other. Use alcohol spray / wipe to sanitize door knobs, faucet handles, etc.
4. Do not share equipment. (shinai, Bokuto, Iai sword, Jo, Bogu, tenegui, etc.)
5. Do not touch your face without washing / sanitizing your hands.
6. Take breaks to avoid heat exhaustion. Bring your own water/ drinks, and do not share.
7. If you have any problems, please contact us by email at dkdhelpdesk@gmail.com .
8. ***Detroit Kendo Dojo will not disclose your personal information unless required by government order, such as for contact tracing purposes.***

I have read and fully understood the guidelines above.

Jigeiko Eligibility Certification:

I certify and affirm that the following persons are fully vaccinated for COVID-19 or, if not vaccinated, that they have tested negative for COVID19 test within the last 3 days. ***Write the name of each person eligible for Jigeiko.***

Person (1) _____ Person (2): _____

Privacy Statement: The information contained on this document will be maintained by AUSKF member dojos, member federation, and AUSKF only and will not be shared with third parties. AUSKF dojo staff may make notes on the reverse side of this document.

Signature of Visitor: _____ Date: _____

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