



U.S. NAVAL SEA CADET CORPS

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USNSCC Intake Checklist

I, _____, have confirmed that: _____
(Print Name of Adult Intake Staff) (Volunteer/Cadet Name - Printed)

- Does not show or report signs/symptoms of COVID-19, as indicated on the Daily Symptoms Checklist. Temperature at initial intake was _____.
- Denies, in the past 14 days, having had known contact with anyone ill or suspected of having COVID-19 or any other respiratory or flu-like illness.
- Reports he or she has not traveled internationally within the last 30 days.
- Was advised to immediately self-report any signs/symptoms of COVID-19 that he/she experiencing to her chain of command.
- Acknowledged understanding that if he/she develops symptoms of respiratory illness while at training he/she will be isolated, and his/her parents will be required to arrange immediate transport home.

Cadet/Volunteer (signature) Date

Adult Intake Staff (signature) Date

Parent (signature, for minor cadets) Date