

**Questionnaire Concerning the Condition of the Examinee  
for October 3rd SAT at ICU High School**

family                      /                      given                      /middle initial

Your name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your registration number: \_\_\_\_\_

Your mobile phone number: \_\_\_\_\_  
( for emergency contact, will not be used for any other purpose)

Your temperature in the morning of October 3rd: \_\_\_\_\_° Celsius

Your temperature measured at reception: \_\_\_\_\_° Celsius  
(staff will fill this in)

\* Circle the appropriate responses.

1. **True Not True** In the past 14 days, you have NOT come into close contact (withing 6 feet) with someone who has a positive covid-19 test or is presumed to have covid-19.
2. **True Not True** You do NOT have covid-19 or reason to believe you have covid-19. Symptoms of covid-19 include cough, fever, chills, muscle pain, shortness of breath or difficulty breathing, sore throat, new loss of taste or smell.
3. **True Not True** To your knowledge, you are NOT violating any travel restrictions or quarantining requirements.
4. **Agree Not Agree** You AGREE to wear a mask the entire time you are at this test site and follow instructions from testing staff.
5. **Agree Not Agree** We have taken measures to help create a safe testing environment; however, it is not possible to entirely remove the risk of covid-19 exposure. By entering the testing room, you AGREE to accept that risk.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_