

Nashville School of Law

Entry Screening Questionnaire

PRINT FIRST & LAST NAME:

DATE & TIME: _____

Truthfully respond to the following questions:

Do you have any of the following?

YES	NO	Shortness of breath (not severe)
YES	NO	Cough
YES	NO	Chills
YES	NO	Repeated shaking with chills
YES	NO	Muscle pain
YES	NO	Fever within last 24 hours
YES	NO	Vomiting or diarrhea in last 24 hours
YES	NO	Headache
YES	NO	Sore throat
YES	NO	New loss of taste or smell
YES	NO	Contact with someone who has a confirmed case of COVID-19

I agree to wear a mask while in the Nashville School of Law building.

YOUR SIGNATURE: _____

If you are not a student or 2020 alumnus:

BAR# _____ Phone number: _____

Office Use:

Pulse ox level: _____

Temperature: _____

Screeener: _____