



## USNSCC COVID-19 Attestation

I, \_\_\_\_\_, affirm that:  
(Cadet/Volunteer Name - Printed)

I do not currently have any signs/symptoms of COVID-19 or any other respiratory or flu-like illness, including:

Coughing	Muscle or body aches
Fatigue	Nausea or vomiting
Fevers/Chills	Diarrhea
Loss of smell or taste	Runny nose/congestion
Sore throat	Strawberry tongue
Unexplained rashes	

In the past 14 days, I have not had contact with anyone who has tested positive for, or exhibited the symptoms of, COVID-19 or any other respiratory or flu-like illness.

I will immediately notify my Unit Commanding Officer and/or COTC if I develop symptoms or have contact with an ill person.

I have not traveled internationally within the last 30 days.

I will immediately notify my Unit Commanding Officer and/or COTC if I make international travel plans.

While at drill/training, I will follow all required COVID-19 protocols, including regular handwashing, physical distancing, respiratory etiquette, and mask wear.

While at drill/training, I will immediately self-report any signs/symptoms of COVID-19 or respiratory or flu-like illness that I am experiencing to my unit or training chain of command.

I understand that if I exhibit symptoms of COVID-19 or any other respiratory or flu-like illness while at drill or training, I will be isolated, and my parents will be required to arrange immediate transport home.

I acknowledge the risks of participating in group activities during the ongoing COVID-19 pandemic, and I accept these risks. I release the USNSCC, its officers, representatives, agents, and volunteers from any and all claims related to illness, injury, or death as a result of COVID-19 infection obtained during my participation in USNSCC activities.

\_\_\_\_\_  
Cadet/Volunteer (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (signature, for minor cadets)

\_\_\_\_\_  
Date



# U.S. NAVAL SEA CADET CORPS

[www.seacadets.org](http://www.seacadets.org)

## 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