



## **MD5M Lions KidSight Vision Screening Program**

### **COVID-19 Liability Waiver**

I, the undersigned individual, affirm that I am voluntarily participating in the MD5M Lions KidSight Vision Screening Program and that I have had my temperature checked and answered the COVID-19 screening questions on the reverse of this page.

I agree to hold harmless MD5M Lions KidSight Foundation, Inc, the facility where the vision screening is conducted, the participants and staff from this facility, and my fellow vision screening team members in the eventuality that I am exposed to COVID-19 as a result of my participation in this screening activity.

Name:

Date:

Signature:

Phone #

Email:

**NOTE: A COPY OF THIS WAIVER MUST BE SUBMITTED WITH THE SCREENING TEAM SITE REPORT**

## **COVID-19 SCREENING QUESTIONS**

### ***Temperature reading:***

These questions must be answered by all Lions participating as members of a Lions KidSight Vision Screening Team.

Have you had any of the following symptoms that you cannot attribute to another health condition?

Please answer “Yes” or “No” to each question.

Do you have:

***Fever or feeling feverish?***

***Chills?***

***A new cough?***

***Shortness of breath?***

***Congestion or runny nose***

***A new sore throat?***

***Fatigue***

***New muscle aches?***

***New headache?***

***New loss of the sense of smell or taste?***

If you answered “Yes” to any of these questions you will not be able to participate as a member of the Lions KidSight Vision Screening Team.