

Health Screening Prior to Arrival or At Entrance

In the past 24 hours, have you or anyone in your household had the following symptoms:

- A fever (100.4 or higher) within the last 72 hours
- A cough or sore throat
- Shortness of breath
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- New loss of taste or smell
- Had direct household contact with a person experiencing undiagnosed symptoms
- Diarrhea, vomiting or nausea in the last 24 hours

If 'yes' to any of the above, the individual should be sent home/not attend the program. If 'no' to ALL of the above, the individual may attend programming and should wash hands/sanitize prior to starting activity. If any symptoms occur during the course of the day, the individual should put on a mask and be sent home. The individual will be put in a designated 'isolation' area within the building while waiting for personal transportation. If a temperature check has not been completed prior to arrival, participant will immediately be sent home and will be unable to participate.

Parents/Guardians not present for the health screenings conducted by coaching staff prior to program each day must agree to the following:

By signing and dating below, I agree that no one in our household, including the participant, has had the symptoms as outlined above (this form may be signed once and then dated on each day of programming and be brought back and forth, or participants may come with a newly printed, signed, and dated form each day). Verification must be made each day in order for participation in the program to be granted.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Program Date: _____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____,

_____, _____, _____, _____, _____, _____, _____, _____,