

Daily Health & Wellness Check / Participant Screening

To comply with MA guidelines, **every day of the program**, each participant must print, complete and submit a new copy of this wellness check/participant screening for Instructor review PRIOR to attending an in-person, drop-off program.

Every individual requires their own separate copy of this form. Extra copies will be available at programs, if needed.

All responses and individual check information will be maintained on file.

Participant Name: _____ **Date:** ____ / ____ / 2021

1. Today, or in the past 24 hours, has the participant or any household members had any of the following symptoms:

- A. Fever (temperature of 100.0°F or above), felt feverish, or had chills?..... Yes No
- B. Cough? Yes No
- C. Sore throat? Yes No
- D. Difficulty breathing? Yes No
- E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Yes No
- F. Abdominal pain? Yes No
- G. Unexplained Rash? Yes No
- H. Fatigue? Yes No
- I. Headache? Yes No
- J. New loss of smell/taste? Yes No
- K. New muscle aches? Yes No
- L. Any other signs of illness? Yes No

2. In the past 14 days, has the participant had close contact with any person known or suspected to be infected with the novel coronavirus (COVID-19)? Yes No

- a. Do you have any household members awaiting novel coronavirus (COVID-19) test results or asked to quarantine?..... Yes No

3. In the past 14 days, has the participant or any household member traveled to a restricted area, according to MA state COVID regulations? Yes No

I, _____ (parent/guardian or caregiver signature), am reporting all responses of the participant accurately. I understand that if any of the above answers are yes, my child will not be allowed to participate and therefore must stay/return home with their parent/guardian or caregiver.

Below this line for Staff Use Only

- 1. Drop-Off Visual Inspection:** Do you notice any flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue or extreme fussiness? Yes No

Program: _____ **Location:** _____ **Staff Signature:** _____

Once this form is completed, reviewed, and the participant performs hand hygiene, they are allowed on site