

North Reading Recreation
Daily Health & Wellness Check/Participant Screening

To comply with MA COVID-19 guidelines, **every day each participant must print, complete, and bring a new copy of this wellness check PRIOR to attending a program.** Extra copies will be available at programs, if needed. All responses will be maintained on file.

Participant's Name: _____ **Date:** ____/____/2020

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
 - o Current temperature: _____°F (taken by parent)
 - B. Cough? Yes No
 - C. Sore throat? Yes No
 - D. Difficulty breathing? Yes No
 - E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Yes No
 - F. Unexplained Fatigue? Yes No
 - G. Headache? Yes No
 - H. New loss of smell/taste? Yes No
 - I. New muscle aches? Yes No
 - J. Any other signs of illness? Yes No
2. In the past 14 days, has the participant had close contact with a person known to be infected with the novel coronavirus (COVID-19)? Yes No

I, _____ attest that all of the above answers have been reported accurately. I understand that if any of the above answers are yes, I will not enter the program.