

**North Reading Recreation**  
**Daily Health & Wellness Check/Participant Screening**

To comply with MA COVID-19 guidelines, **every day each participant must complete and submit 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:** \_\_\_\_/\_\_\_\_/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

    o Current temperature: \_\_\_\_\_ °F (taken by parent)

B. Cough? ..... C.  Yes  No

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, \_\_\_\_\_ (parent/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 enter the facility and therefore must stay/return home with their parent or caregiver.

I attest, prior to arrival, participant has washed hands for 20 seconds with warm soapy water  Yes  No

I grant permission for my child to use hand sanitizer when hand washing is not available  Yes  No

**----- Staff Use Only -----**

Staff Member's Name: \_\_\_\_\_ Program: \_\_\_\_\_ Location: \_\_\_\_\_

1. Visual inspection: Do you notice any flushed cheeks, rapid breathing or difficulty breathing, fatigue (without recent physical activity) or extreme fussiness?

.....  Yes  No