



Manchester Parks and Recreation Covid 19 Checklist

Daily Health & Wellness Check/Participant Screening

To comply with MA 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 and individual temperature check results 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. 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

❖ 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.

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

Staff Member's Name: _____ Group: _____ Location: _____

- Visual inspection: Do you notice any flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness? Yes No
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Once this form is completed, reviewed, and the participant performs hand hygiene, they are allowed on site*