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## Daily Health & Wellness Check/Participant Screening

To comply with MA guidelines, *every day* each participant must self screen for COVID-19 related symptoms at home PRIOR to attending a program. Please complete the form prior to attending.

Hamilton Wenham Recreation Department Staff will be on site to collect the forms.

**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
- B. Cough? .....  Yes  No
- C. Sore throat? .....  Yes  No
- D. Difficulty breathing? .....  Yes  No
- E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)? .....  Yes  No
- F. Fatigue? *Fatigue alone should not exclude a child from participation*  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.

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

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