



# Manchester Parks and Recreation Parent 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 will be maintained on file.

Child will not be allowed to stay without a current form daily.

**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
- 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\*