

**Westford Parks and Recreation Summer at  
Destination Exploration**

**Daily Health & Wellness Check/Participant Screening**

To comply with MA guidelines, *every day* each participant will be screened upon arrival of the program. All information will be documented and filed away each day.

**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? .....     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 -----**

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

Once this form is completed, reviewed, and the participant performs hand hygiene, they are allowed on site\*