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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