

North Salem Recreation Programs Pre-Arrival Health Screening

In an effort to ensure the safety of all participants in our programs, we ask that you complete the health check below prior to participation.

Please submit this completed form to the instructor prior to EACH class or event. One form is required per participant, per day.

<i>Please circle your response.</i>	Today's Date:	
1. Is the participant currently experiencing or has the participant experienced in the past 14 days, any of the below symptoms? - Fever (100 degrees Fahrenheit or greater) - Chills - Cough (new or worsening) - Shortness of breath or difficulty breathing (new or worsening) - Sore throat - New loss of the sense of taste or smell - Headache (unrelated to a chronic condition i.e. migraines) - Muscle Pain (new or worsening)	YES	NO
2. In the past 14 days, has the participant been in close proximity to anyone who was or is experiencing any of the above symptoms?	YES	NO
3. In the past 14 days, has the participant tested positive for COVID-19, or been presumed positive for Covid-19?	YES	NO
4. In the past 14 days, has the participant been in close proximity to anyone who has tested positive for COVID-19?	YES	NO
5. In the past 14 days, has the participant traveled from any location that currently requires self-quarantine upon entry into New York State? <small>NY Travel Advisory Information can be found at: https://coronavirus.health.ny.gov/covid-19-travel-advisory</small>	YES	NO

If the answer is "Yes" to any of these questions, your child MUST stay home.

My signature indicates that I completed this health screening with accurate and honest information. I understand that arriving healthy each day is vital to a healthy and safe program for all participants.

Participant's Name: _____

Parent Printed Name: _____

Parent Signature: _____

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