



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 and individual temperature check results will be maintained on file.

EXHIBIT A (DAILY WELLNESS CHECK)

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?
B. Cough?
C. Sore throat?
D. Difficulty breathing?
E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
F. Abdominal pain?
G. Unexplained Rash?
H. Fatigue?
I. Headache?
J. New loss of smell/taste?
K. New muscle aches?
L. Any other signs of illness?
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)?

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: _____

- 1. Visual inspection: Do you notice any flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness?
2. Participants Non- Contact Temperature Check: _____°F Time: _____:_____ AM/PM

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