CITY OF SALEM

PARK, RECREATION AND COMMUNITY SERVICES
401 Bridge St. Salem, MA. 01970
(978) 744-0924

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.

Participant's Name: _____ Date: _____/_____/_____

1. **Today or in the past 24 hours, has the participant or any household members had any of the following symptoms? Please circle the answer.**

   A. Fever (temperature of 100.0 F or above), felt feverish, or had chills? Yes No
   - **Current temperature: _____ (taken by parent at home)**

   B. Cough? ..... Yes No
   C. Sore Throat? ..... Yes No
   D. Difficulty breathing? ..... Yes No
   E. Gastrointestinal symptoms (diarrhea, nausea, vomiting)? ..... Yes No
   F. Abdominal pain? ..... Yes No
   G. Unexplained rash? ..... Yes No
   H. Fatigue? ..... Yes No
   I. Headache? ..... Yes No
   J. New loss of smell/taste? ..... Yes No
   K. New muscle aches? ..... Yes No
   L. Any other signs of illness? ..... Yes No

2. **In the past 14 days, has the participant had close contact with a person Know 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 program and therefore must stay/return home with their parent or caregiver.

STAFF USE ONLY

Staff Member's Name: _____Program: _____

1. **Visual inspection: Do you notice any flushed cheeks, rapid breathing or Difficulty breathing(without recent physical activity), fatigue or extreme Fussiness? ..... Yes No**