

STAFF/ VOLUNTEER / PARTICIPANTS COVID-19 SCREENING QUESTIONNAIRE

The safety of our participants is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our clients and volunteers, we are asking everyone to complete and submit this questionnaire prior to lessons at Bart Adaptive Sports Center.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other participants and volunteers.

Name: _____

Phone Number (mobile/home): _____

Position: Staff Volunteer Participant

Representations

1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (*Please take your temperature before you answer this question.*)
 - Yes No Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
 - Yes No Cough
 - Yes No Shortness of breath or difficulty breathing
 - Yes No Sore throat
 - Yes No New loss of taste or smell
 - Yes No Chills
 - Yes No Head or muscle aches
 - Yes No Nausea, diarrhea, vomiting

2. Yes No In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?

3. Yes No In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

4. Yes No Have you been tested for COVID-19 and are waiting to receive test results?

See other Side →

5. Yes No Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?

NOTE: *If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact Bart Adaptive Sports Center Staff representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; **and** at least 7 days have elapsed since your symptoms first appeared.*

6. Yes No In the past 14 days, have you been on a commercial flight or traveled outside of the United States?

7. Yes No In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?

8. Yes No Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.

Explanation: _____.

9. Yes No Have you followed the **Current** Vermont Travel Restrictions found on <https://accd.vermont.gov/covid-19/restart/cross-state-travel> website?

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Participants under the age of 18 or Legally Incapacitated

Parent/Legal Guardian or Representative
Signature

Parent/Legal Guardian or Representative
Signature (Printed Name)

Note: The information collected on this form will be held on file if anything shall arise that you may have been exposed or infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to Bart Adaptive Sports Center representative.

Current Temperature Reading: _____

Access to program (circle one): Approved Denied

Bart Adaptive Sports Center Staff Signature: _____