



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.

EXHIBIT A (DAILY WELLNESS CHECK)

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)?

- A. Fever (temperature of 100.0°F or above), felt feverish, or had chills?
o Current temperature: _____ °F (taken by parent)
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. Has basketball been sanitized before practice?

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, 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 participate in training and therefore must stay/return home with their parent or caregiver. To attend the next training session participant will need to bring a note from pediatrician.

Parent/Caregiver signature

----- 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