

# UDP&R

## UPPER DUBLIN PARKS & RECREATION

Participant's Name: \_\_\_\_\_

Dear UDP&R families,

In an effort to minimize illness at UDP&R Programs, we ask that you check on the health of your participant prior to your arrival at a program. The best sessions start with healthy participants and this begins at home. Please email this completed form to [techevarria@upperdublin.net](mailto:techevarria@upperdublin.net) by the day before your first day. Please indicate if you or your child has any of the following symptoms prior to the start of the program within the past 14 days. If any temperature or symptoms are present, please be evaluated by a licensed provider and contact UDP&R for further guidance.

Please initial:

1. No one in the household, has tested positive for COVID-19 \_\_\_\_\_
2. The participant has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of the program. Initial \_\_\_\_\_
3. No one in our household has been sick in the 14 days prior to the program. Initial \_\_\_\_\_
4. The participant has not traveled by air or traveled out of state in the 14 days prior to the program. Initial \_\_\_\_\_
5. The participant has adhered to our state's guidelines regarding COVID19. Initial \_\_\_\_\_

Symptoms (sym):

- A. Fever
- B. Shortness of breath or difficulty breathing
- C. Cough
- D. Chills
- E. Repeated shaking with chills
- F. Muscle Pain
- G. Sore throat
- H. New loss of taste or smell
- I. Headache
- J. Diarrhea
- L. 100.4F Max Temp Start date of temperature/ symptom \_\_\_\_\_

My signature indicates that I completed this health screening during the past 14 days to the best of our ability. UDP&R acknowledges you are receiving this form during the stated 14 days.

We understand that arriving healthy is vital to a healthy program for all participants. Answering honestly, helps our planning purposes, not necessarily eliminate your child from attendance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_