



### MA Daily Self Health Attestation

All persons seeking entry to the Youth Activity Center must self screen at home prior to coming for the day. Please complete and sign this form and bring it with you to the club. If you answer yes to any questions below, the child must remain home with their parent, guardian or caregiver and not come to the Youth Activity Center. These health check responses will be recorded and maintained on file.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Today or in the past 24 hours, has your child or any household member had any of the following symptoms?

- Y / N Fever of 100.0 F or above, felt feverish or had chills?
- Y / N Has your child had fever reducing medications?
- Y / N Cough?
- Y / N Sore throat?
- Y / N Difficulty breathing?
- Y / N Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
- Y / N Fatigue/
- Y / N Headache?
- Y / N New loss of smell/taste?
- Y / N New muscle aches?
- Y / N Any other signs of illness?
- Y / N In the past 14 days, have you or your child had close contact with a person known to be infected with the novel coronavirus (COVID-19)?
- Y / N Has your child traveled in the past 14 days outside of the MA approved states? (Connecticut, Vermont, New Hampshire, Maine, New York, New Jersey)

I attest the above information is true and correct.

Parent/Guardian/Caregiver Name: (Please Print) \_\_\_\_\_

Parent/Guardian/Caregiver signature: \_\_\_\_\_

*\*Staff Use Only:*

Staff have verbally screened and visually inspected the child to confirm they are not showing signs of illness such as flushed cheeks, rapid breathing, difficulty breathing, fatigue, or extreme fussiness, cough or shortness of breath.

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

