

# WALTHAM ATHLETIC CLUB

## JDP Session 2 SCREENING FORM

THIS FORM NEEDS TO BE FILLED OUT AT THE OUTSET OF EACH JDP SESSION

DATE: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Today or in the past 24 hours, have you or any of your household members had any of the following symptoms?

- FEVER (TEMP OF 100.00 F OR ABOVE), FELT FEVERISH, OR HAD CHILLS?
- COUGH?
- SORE THROAT?
- DIFFICULTY BREATHING?
- GASTROINTESTINAL SYMPTOMS (DIARRHEA, NAUSEA, VOMITING)?
- FATIGUE?
- HEADACHE?
- NEW LOSS OF SMELL OR TASTE?
- NEW MUSCLE ACHES?
- In the past 14 days have you had close contact with a person known to be infected with the novel coronavirus (COVID 19)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you've answered YES to any of the above, entry into the WAC will not be permitted at this time.

***If at any time during Session 2 should any of these symptoms occur, you are required to notify the WAC management as soon as possible.***

Parent Initial: \_\_\_\_\_

***Please be advised masks must be worn at all times including on the court.***

We appreciate your understanding and follow through as we all work through these times together.