



HEALTH SCREENING

TO PROTECT EVERYONE IN OUR COMMUNITY, ALL PERSONS STEPPING ON CAMPUS AT FITKIDS CHILDCARE AND THE RIVER VALLEY CLUB MUST SUBMIT THE FOLLOWING QUESTIONNAIRE.

Your name: _____

Date: _____

*Temperature Reading: _____

*Name of personnel who took temperature reading: _____

Do you have one or more of the following symptoms of a respiratory infection: headache; fever; nasal or respiratory congestion; dry or wet cough; shortness of breath; or sore throat. Have you had one or more of those symptoms in the last 14 days?

YES

NO

In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19, or is ill with respiratory illness?

YES

NO

In the last 14 days, have you traveled outside of New Hampshire, Vermont, or Maine?

YES

NO