

Time:
To be completed by staff

Assigned Lane:

Program:

**Westwood Recreation Department
Aquatics
Daily Health and Wellness Check Participant Screening**

To comply with the Massachusetts state guidelines, every swimmer/participant/staff will complete a wellness screening daily. All information will be documented and filed. This form may be filled out at home and brought with you to the facility. In the event you do not have a completed form, you may fill one out at the entrance to the building.

Name: _____ Date: _____

Please Print Clearly

Questions:

1. Within the past 14 days Have you traveled outside of the states of:
Massachusetts or Hawaii? Yes or No

2. Today or in the past 24 hours, have you or any household member had any on the following symptoms:
 - Fever; 100.4 degrees or above, or Chills Yes or No
 - Cough Yes or No
 - Shortness of Breath, or Difficulty of Breathing Yes or No
 - Headache Yes or No
 - New Loss of Taste or Smell Yes or No
 - Sore Throat Yes or No
 - Gastrointestinal Symptoms; diarrhea, nausea, vomiting Yes or No
 - Fatigue Yes or No
 - New muscle aches Yes or No
 - Any other signs of illness Yes or No
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3. Have you been with or cared for anyone who has been diagnosed with COVID-19? Yes or No

4. Have you been diagnosed with COVID-19 within the past 14 days? Yes or No

If you answer yes to any of the above questions, you must see the Aquatics Manager immediately.

Acknowledgement:

1. I agree to wear a facemask while in the facility. (Facemasks are not allowed while swimming.)
2. I agree to maintain physical distancing of six feet or more, at all times, while in the facility.
3. I attest that my answers to the above noted questions are honest and true.

Signature: _____

(If individual is under 18 years of age parent/guardian must sign)

Date: _____

Staff Initials: _____

Form Updated: 12-22-2020