



Phase II - Health Screening Questionnaire

Please complete, print, and present to the pool gate guard at each visit to the pool

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|---|-------|----|-----|----|-----|----|-----|----|-----|----|
| Member Name: | Date: | | | | | | | | | |
| List Family Member Names in each column here → | | | | | | | | | | |
| Self-declaration by member | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| Are you experiencing fever (100.4 degrees Fahrenheit or higher)? | | | | | | | | | | |
| Are you experiencing the sense of having a fever? | | | | | | | | | | |
| Are you currently experiencing new cough that cannot be attributed to another health condition? | | | | | | | | | | |
| Are you currently experiencing new shortness of breath that cannot be attributed to another health condition? | | | | | | | | | | |
| Are you currently experiencing new chills that cannot be attributed to another health condition? | | | | | | | | | | |
| Are you currently experiencing new sore throat that cannot be attributed to another health condition? | | | | | | | | | | |
| Are you currently experiencing new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)? | | | | | | | | | | |
| Have you been exposed to anyone who has tested positive for Covid-19 in the past 14 days? | | | | | | | | | | |

If this form is for a minor under the age of 18, it is to be completed and signed by the minor's parent or guardian. Members experiencing any of these symptoms are not permitted in the pool or pool area. This health screening questionnaire will be kept private and confidential.

Signature (member/guardian) _____ Signature (member/guardian) _____

Printed Name _____ Printed Name _____