DYNAMO / DASH YOUTH

COVID-19 ILLNESS/HEALTH ASSESSMENT

1. Are you or have you recently (within the last 2 weeks) been experiencing any symptoms such as fever, cough, or shortness of breath?

Yes _____ No _____ Comment: _____

2. Have you been in close contact with anyone who has been diagnosed with C0VID-19?

**CLOSE CONTACT is defined as:

a. Being within approximately 6 feet (2 meters) of a C0VID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a C0VID-19 case

– or –

b. Having direct contact with infectious secretions of a C0VID-19 case (e.g. being coughed on)

Yes _____ No_____ Comment: _____

3. Have you been in close contact* with anyone who may have C0VID-19 but is yet to be confirmed?

Yes _____ No _____ Comment: _____

4. Are you currently in close contact with anyone, such as a family member, who is experiencing symptoms or has been confirmed as positive for COVID-19?

Yes _____ No _____ Comment: _____

5. Have you traveled internationally in the last 14 days?

Yes_____ No ____ Comment: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

_____

Printed Name: _____Date_____