

**Hitchcock Center for the Environment Daily
Covid-19 Health Screening Self Checklist**

Daily monitoring of one's health and well-being prior to coming to a Hitchcock Program can aid in early detection of infectious disease and is an effective measure to prevent community spread of COVID-19. **If you answer YES to any of the questions 1, 2, or 4**, you will not be able to participate in the program. We will provide refunds for anyone who needs to cancel as a result of not meeting these requirements.

Name:

Date:

1. In the last 24 hours, have you or a member of your household had any signs of fever or a measured temperature above 100.3 degrees or has been treated with medication to lower a fever? () Yes () No

2. Have you or a member of your household had a "close contact" with a person diagnosed with Covid-19 within the past 7 days? () Yes () No
"Close contact" includes living in a household with a person or caring for a person who has tested positive for the disease, being within six feet of a person who test positive, for 15 minute or longer, or coming in contact with the secretions of a person who test positive (being coughed or sneezed on, using shared utensils, etc.)

3. Are you, or another household participant, currently experiencing symptoms of seasonal allergies? () Yes () No

If Yes, what symptoms are being experienced?

4. Have you had any of these symptoms in the past 5 days? () Yes () No
 - () fever and chills () diarrhea
 - () cough () nausea or vomiting
 - () muscle or body aches () headache
 - () new loss of taste or smell () sore throat
 - () congestion or runny nose () shortness of breath or difficulty breathing
 - () fatigue (note: fatigue, alone, will not restrict participation)