**MOSAIC ACTIVITY HEALTH SCREENING FORM**

We ask all activity participants, and parents/guardian of youth age 17 and younger, to complete this form prior attending the mosaic activity. All form will be collected at the activity site, participants without form will not be admitted to the activity.

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| **ACTIVITY DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **SECTION 1 – COVID-19 EXPOSURE & SYMPTOMS** | | | | | |
| Have you tested positive for COVID-19 in the last 14 days? | | | | | 🞏 YES 🞏 NO |
| Have you been in close contact (within 6 feet) with someone who has a confirmed positive or pending COVID-19 diagnosis in the past 14 day? | | | | | 🞏 YES 🞏 NO |
| Have you or anyone in your household been tested for COVID-19 (because experiencing symptoms, were in close contact with someone who had tested positive for COVID-19) and are awaiting results? | | | | | 🞏 YES 🞏 NO |
| Are you currently ill with COVID-19? | | | | | 🞏 YES 🞏 NO |
| **Section 2 – SIGNS OR SYMPTOMS – PAST 48 HOURS** | | | | | |
| Have you experienced or experiencing any of the following signs or symptoms in the past 48 hours? | | | | | 🞏 YES 🞏 NO |
| Fever (100.4oF or higher) | | | | | 🞏 YES 🞏 NO |
| Cough (New uncontrolled cough that causes difficulty breathing; for participants with chronic allergic/asthmatic cough, a change in their cough different from their baseline). | | | | | 🞏 YES 🞏 NO |
| Shortness of Breath | 🞏 YES 🞏 NO |  | Sore Throat | | 🞏 YES 🞏 NO |
| Fatigue | 🞏 YES 🞏 NO |  | Congestion, runny nose | | 🞏 YES 🞏 NO |
| Muscle or Body Aches | 🞏 YES 🞏 NO |  | Nausea | | 🞏 YES 🞏 NO |
| Headache | 🞏 YES 🞏 NO |  | Vomiting | | 🞏 YES 🞏 NO |
| Loss of taste or smell | 🞏 YES 🞏 NO |  | Diarrhea | | 🞏 YES 🞏 NO |
| Other: Rash, Red Eyes, Cracked/Swollen lips, Red Swollen Tongue, Swelling hands/ feet, stomach pain | | | | | 🞏 YES 🞏 NO |
| **SECTION 3 – TEMPERATURE CHECK** | | | | | |
| What was your temperature before coming to the activity? | | | | Temp.: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SECTION 4 – PaRTICIPANT’S INFORMATION AND SIGNATURES** | | | | | |
| Participant full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Participant Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***This section is required for participants age 17 and younger*** | | | | | |
| Parent/guardian full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Parent/guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Please note participants’ temperature will be checked also at the activity site.* | | | | | |