**HEALTH PRE-SCREENING LOG**

Dear ,

In an effort to minimize the risk of illness at the activity described in the *Activity Information* form (“Activity”) and to comply with current state health regulations, we ask you to monitor the health of your child daily in the 14 days prior to the Activity. While this health screening is not required for your participation, it is an expression of our commitment to the health, safety, and wellbeing of every person. Please return this completed form to the Activity during drop off. Please indicate if your child has experienced any of the following symptoms prior to the Activity and record a temperature daily. If a temperature or symptoms are present, please have your child evaluated by a licensed provider and contact our office for further guidance on your participation at email address or phone number.

|  |  |
| --- | --- |
| **Symptoms** 1. Cough
2. Shortness of breath
3. Difficulty breathing
4. Fever
5. Chills
6. Muscle pain
7. Sore throat
8. New loss of taste or smell
9. Nausea
10. Vomiting
11. Diarrhea
 | **Please Initial**My child has not been in close contact with anyone with any of the listed symptoms or who has been diagnosed with COVID-19 in the 14 days before the Activity. **Initial: \_\_\_\_\_\_\_\_**No one in our household has been sick in the 14 days before the Activity. **Initial: \_\_\_\_\_\_\_\_**My child has adhered to our state's guidelines regarding COVID-19. **Initial: \_\_\_\_\_\_\_\_** |
| **Day** | **14** | **13** | **12** | **11** | **10** | **9** | **8** |
| Temp/ symptoms |  |  |  |  |  |  |  |
| **Day** | **7** | **6** | **5** | **4** | **3** | **2** | **1** |
| Temp/ symptoms |  |  |  |  |  |  |  |

*Our signature indicates that we have completed this health-screening daily for 14 days prior to the Activity to the best of our ability. We understand that arriving to the Activity is vital to a healthy youth ministry experience for all.*

Parent/Guardian Signature Date / /

Participant Signature Date / /