

Participant Name: _____

Course#: _____

Pre-Activity Health Screening



Dear RARA families,

In an effort to minimize illness during activities we ask that you check on the health of participants daily beginning 14 days prior to participation in activities. The best sessions start with healthy participants and this begins at home. Please bring this completed form to the RARA activity on opening day or email a copy to:

HealthScreening@RARArecreation.org with subject line filled in with participant name and course #.

Please indicate if your participant has any of the following symptoms prior to activity and record a temperature daily. If any temperature or symptoms are present, please have the participant evaluated by a licensed provider and contact RARA for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of activity. Initial _____
2. No one in our household has been sick in the 14 days prior to activity. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to activity. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of temperature/
symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ symp							
Day:	7	6	5	4	3	2	1
Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to activity and to the best of our ability. We understand that arriving to activities healthy is vital to a healthy program for all participants.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____