

HODGKINS PARK DISTRICT HEALTH QUESTIONNAIRE

The Hodgkins Park District is committed to the safety of employees, patrons, and community, including during the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is “yes” to any question, please do not enter the facility to prevent the spread of illness. Additionally, patrons should notify the park district if they should develop any of the symptoms listed below while utilizing the facility.

- Do you have a fever of 100.4 degrees Fahrenheit or higher?
- Do you have a cough, sore throat, shortness of breath, muscle aches, new or unusual headache, new loss of taste or smell, or chills?
- Do you have any gastrointestinal symptoms, like vomiting or diarrhea?
- Have you tested positive for COVID-19 in the last 14 days?
- Is anyone in your household displaying any symptoms (as listed above) of COVID-19?
- To the best of your knowledge, in the last 14 days, have you come into close contact* with anyone who has tested positive for or been diagnosed with COVID-19?

*Close contact includes household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer unless wearing an N95 mask during period of contact.

By signing this form, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.

Printed Name

Signature (Parent/Guardian if under 18)

Date

Staff Member/Fitness Contractor

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