



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Sherman Lake YMCA Outdoor Center COVID-19 SCREENING QUESTIONNAIRE

Screening Date: \_\_\_\_\_ Temperature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please complete the following questions, selecting an answer for each line.

1. Have you been in close contact with a confirmed case of COVID-19 (close contact is defined by 'being within 6 feet of an individual for 15 minutes')?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

2. Have you had a sore throat or a new uncontrolled cough that causes difficulty breathing within the last 24 hours?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

3. Have you had a fever in the last 48 hours?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

4. Have you had a new loss of taste or smell?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

5. Have you had abdominal pain, vomiting or diarrhea within the last 24 hours?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

6. Have you had a new onset of severe headaches within the last 24 hours?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If any of the above questions are answered 'yes' or if the student has a temperature above 100.4 degrees Fahrenheit, the student must be asked to leave the premises and seek medical attention from their primary care physician. Please see the 'Responding to a COVID-19 Infection Policy' for procedures to follow if a student has COVID-19 symptoms.