**Town of Aurora Parks & Recreation**

**Coronavirus (COVID-19) Screening Form**

To prevent the spread of COVID-19 and reduce the potential risk of exposures to our employees and program participants, we are conducting a screening questionnaire.

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| --- |
| Name: |
| Phone Number: Cell Home |
|  |

**Contact History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | QUESTIONS | YES | NO |
| 1. | Have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional in the past 14 days? |  |  |
| 2. | Have you had close contact with in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19? |  |  |
| 3. | Have you experienced any cold or flu-like symptoms in the last 14 days (to include:  fever, cough, chills, muscle pain, difficulty breathing, sore throat, and new loss of smell or taste)? |  |  |
| 4 | Have you traveled by airplane, train or bus internationally or domestically in the last 14 days? Have you traveled outside of NYS to or from any of the "high risk" states as identified by the CDC in the past 14 days? |  |  |

Note: If you plan to be at recreation program for consecutive days, there is no need to repeat the questionnaire each day, unless any responses change. Changes should immediately be reported to the Recreation Director. The information collected on this form will be used to determine your access right to the Town of Aurora’s recreation programs.

Signature: Today’s Date: