

Hello Swimmers,

In order to protect our staff and patrons we will be following the guidelines from Oregon Health Authority, Centers for Disease Control & Prevention and Clackamas County. Our Front Desk staff will be taking the temperature of everyone who enters the facility. Providing your temperature is normal, you will then be asked the following questions. Your answers will determine if you will be able to swim that day at our facility.

1. Test Status:

A. Are you currently waiting for the result of a test for COVID-19?

IF YES:

B. What was the date of the test?

C. Why did you get the test?

2. Symptoms:

A. Are you currently experiencing a cough, shortness of breath or difficulty breathing?

B. Are you currently experiencing at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, fatigue, body aches, congestion or runny nose, nausea or vomiting, diarrhea?

IF YES:

C. Are there any other factors that we should be aware of that may be causing your symptoms (e.g. allergies, recent vaccination, asthma, food poisoning, etc.)?

D. In the two weeks before you began experiencing these symptoms, did you have contact with someone diagnosed with COVID-19?

3. Close Contact:

A. Are you currently or regularly in close contact with anyone, such as a friend, family member, or roommate, who has been confirmed positive in the last 14 days with COVID-19?

B. Have you been in close contact with anyone in the last 14 days, such as a friend, family member, or roommate, who is showing any of the symptoms listed in questions 2A and 2B above, but has NOT YET been confirmed positive for COVID-19?

C. In the last two weeks have you visited, volunteered at, or worked in a hospital, long-term care facility, or other medical facility, or worked or volunteered as a first responder?

IF YES:

D. How long would you estimate you were in contact with this individual or group of individuals?

E. Was appropriate social distancing observed at all times during the contact period?

F. Were you and the other individual(s) wearing face coverings at all times during the contact period?

4. Travel:

A. Have you traveled using any form of mass transit (bus, train or plane) in the last 14 days?

IF YES:

B. While traveling, were you at all times able to observe all safety precautions that have been recommended by the CDC (face covering, social distancing, hand washing)?

C. If you were not able to follow these precautions consistently, in what instances were they not followed, and for how long?