DAILY PARTICIPATION COVID-19 SCREENING CHECKLIST FOR VISITORS

I affirm that I do not have a fever, sore throat, cough, shortness of breath, or any other symptoms associated with COVID-19; and I have been not been around anyone who has been diagnosed with COVID-19.

_____
Signature

_____
Print Name Date

_____
Parent/Guardian Signature if Under Age 18

_____
Print Name of Parent/Guardian