

COVID-19 Daily Symptom Checklist & Consent

This checklist has been developed by the Willington Parks & Recreation Department with the guidance from our Local/State/CDC Departments. This document should be filled out every day before employees and program participants enter our facility. This checklist will be kept and filed until the program concludes.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19.

In the last 14 days have you had any of the following?

Fever or Chills	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New Loss of Taste or Smell	Yes	No
Sore Throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

****This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.**

If you answered yes to any of the above questions:

1. Do not enter our facility or program.
2. Stay home and self-isolate.
3. Report your symptoms or COVID-19 diagnosis to our department at 860-487-3108 or mparsell@willingtonct.org.

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#). Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Program Name: _____

Participant Name: _____

Date: _____

Parent Signature: _____

Date: _____