

DEERFIELD PARK DISTRICT

PARTICIPANT HEALTH QUESTIONNAIRE

FOR WELLNESS SCREEN RELATING TO COVID-19



The Deerfield Park District is committed to the safety of employees, patrons, and community, including during the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is "yes" to any question, please do not come on-site to prevent the spread of illness. Patrons should notify the program supervisor of their absence and the reason for the absence.

Question	Yes	No
1 Do you currently have a fever, cough, sore throat, shortness of breath, new loss of taste or smell, or any other COVID-19 or flu-like symptoms (nausea, vomiting, diarrhea, etc.) or have you had any of these symptoms in the last 48 hours?		
2 In the past 14-days, have you had close contact (within 6 feet for equal to or greater than a 10-minute period of time or living in your household) with a person who has been diagnosed with COVID-19 by a medical provider?		
3 Have you been diagnosed with COVID-19 by a medical provider in the past 14-days?		
4 Have you been told by a medical provider or public health official within the last 14-days that you should self-quarantine due to potential COVID-19 exposure, or that you are suspected of having COVID-19?		

By signing this questionnaire, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.

Participant Name (print)

Signature

Date