HUDSONVILLE ROBOTICS

COVID-19 Health Screening

This information you provide will be kept private and can only be reviewed by the robotics leadership, school administration, or health agencies with regard to protecting the health and safety of our participants. We will never publicly disclose information about an individual.

Name	Phone
Team	**Date**

In the past 24 hours, have you developed any of the following symptoms that are new or not typical for you:

Section A

- ❑ Cough
- ❑ Shortness of breath
- ❑ Loss of taste or smell

Section B

- ❑ Fever ≥ 100.4 F
- ❑ Chills
- ❑ Muscle aches
- ❑ Sore throat
- ❑ Vomiting, Diarrhea or Abdominal pain
- ❑ Congestion or runny nose
- ❑ Headache
- ❑ Fatigue

In the Past 14 days, have you:

Section C

- ❑ Had close contact with an individual diagnosed with COVID-19?
- ❑ Had a public health or medical professional tell you to self-isolate or self-quarantine because of concerns about COVID-19 infection?
- ❑ Travelled on a cruise ship?

This section to be completed by the adult volunteer performing the screening:

Temperature	Adult Screener:

Reference: https://www.miottawa.org/Health/OCHD/pdf/OCDPH_School-factsheet.pdf