



North East Westchester Special Recreation, Inc.

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**North East Westchester Special Recreation, Inc.
Health Screening Assessment**

Participant's Printed Name (Please Print Clearly) _____

Date _____

In an effort to reduce illness at our programs, we ask that you check on the health of your child daily and complete this form prior to arriving at program.

Please initial each question, record their temperature and indicate if your child has any symptoms. If symptoms or a temperature are observed, do not bring your child to program. Please notify the North East staff of your child's symptoms immediately. It is strongly recommended to have your child evaluated by a licensed healthcare provider prior to returning to program. Participants presenting any symptoms of illness can return to program when symptom free for 24 hours.

COMMON COVID-19 SYMPTOMS (CHECK ALL THAT APPLY):

- Cough Shortness of breath or difficulty breathing Fever Chills
- Muscle pain Sore throat New loss of taste or smell Nausea Vomiting
- Diarrhea Skin rash Redness of eyes Loss of appetite Fatigue
- Abdominal pain

Please Initial:

- My child has not had any COVID-19 symptoms in the past 14 days **Initial:** _____
- My child has not tested positive for COVID-19 in past 14 days **Initial:** _____
- My child has not had close or proximate contact with confirmed or suspected COVID-19 cases in the past 14 days **Initial:** _____

Temperature at Home: _____

Parent Signature: _____ Date: _____

For Office Use Only

Temperature Check Upon Arrival: _____

Received By: _____