



## Participant Health Acknowledgment Form

Participant Name \_\_\_\_\_

Please initial each line below to acknowledge that your participant **HAS NOT** exhibited the following symptoms of COVID-19 within the past 14 days.

\_\_\_\_\_ Persistent, untreated coughing

\_\_\_\_\_ Shortness of breath or difficulty breathing

\_\_\_\_\_ Chills or repeated shaking with chills

\_\_\_\_\_ Muscle pain

\_\_\_\_\_ Headache

\_\_\_\_\_ Sore throat

\_\_\_\_\_ Loss of taste or smell

\_\_\_\_\_ Diarrhea

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Feeling feverish or has a measured temperature greater than or equal to 100 °F

\_\_\_\_\_ Having known close contact with a person who is lab confirmed to have COVID-19 within a 14-day period

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Those participating in classes or camps should minimize in-person contact with any person 65 years of age or older, especially those with pre-existing health conditions, for a period of 14 days. This includes maintaining social distancing of at least 6 feet of separation from those individuals, wearing a face covering or mask, and avoiding sharing utensils or other common objects with those individuals.