

Appendix B

Health Screening Checklist for Children/Youth

To be completed before every onsite session and handed in to catechetical/youth ministry leader.

Name of Parent/Guardian Completing Form: _____

Name of Child/Youth: _____

Date: _____

Have you recently returned from a visit to another state that lasted more than 24 hours?

☐ Yes ☐ No

Do you have a fever (temperature over 100.3 °F) without having taken any fever reducing medication?

☐ Yes ☐ No

Loss of Smell or Taste?

☐ Yes ☐ No

Muscle Aches?

☐ Yes ☐ No

Sore Throat?

☐ Yes ☐ No

Cough?

☐ Yes ☐ No

Shortness of Breath?

☐ Yes ☐ No

Chills?

☐ Yes ☐ No

Have you experienced any gastrointestinal symptoms such as Nausea/vomiting, diarrhea, loss of appetite?

☐ Yes ☐ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

☐ Yes ☐ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

☐ Yes ☐ No

Parent/Guardian Signature: _____