



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Member/Participant Name: _____ Date: _____

Address: _____

Phone number we can contact you at for contact tracing: _____

Fitness Center or Pool Use (Please circle one) Time in: _____

Family YMCA at Tarrytown Daily Health Screening Protocol

Members/Participants/Staff MUST be screened upon arrival and prior to participation in the YMCA Fitness Center or the YMCA Pool.

A "YES" response to any questions will deny entry/participation

Do you have any of the following symptoms?	YES	NO
A temperature of 100.0°F (37.75 °C) or above? Any fever in the last 3 days?		
Cough or sore throat (new or worsening)?		
Headache (new or worsening)?		
Shortness of breath or difficulty breathing (new or worsening)?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Nasal congestion or runny nose?		
New loss of smell or taste?		
Fatigue, Muscle or Body aches (new or worsening)?		
Do you have chills or repeated shaking with chills?		
Upon a visual inspection, any changes in the baseline-Lethargy, paleness, flushed skin, rashes, unusual spots swelling, bruises, etc.?		
Have you had contact with a person confirmed or suspected to have COVID-19 in the past 14 days?		
Are you or anyone in your home under active quarantine is under isolation?		
Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?		

Member/Participant Temperature: _____

Screeener name: _____