



## Camp Sacramento Wellness Questionnaire

For:

### COVID-19 RELEASE AND ASSUMPTION OF RISK

The novel coronavirus, COVID-19, is a respiratory illness that is spread through the air via droplets from an infected person or by touching contaminated surfaces. It may cause severe illness, disability, and death, especially for seniors and persons with underlying health conditions. Children usually have mild symptoms, but they can infect persons in their household. Many who have the virus do not have any symptoms, which makes the virus even more contagious.

### COVID-19 MITIGATION AND EXPOSURE RISK

The City's child day care, senior respite care, and child and adult recreational programs are operated under the guidelines set forth by the CDC and the state, as well as state and local public health officer orders. This includes daily check-in of all staff and participants for any fever, practicing 6 ft. social distancing, staff wearing face masks and encouraging participants to do the same, reminding participants not to touch their face, frequently washing hands, and disinfecting high-touch surfaces. While staff will remind participants to comply with these requirements, they may refuse or forget to comply. It is not possible to ensure that every participant will constantly comply with the COVID-19 mitigation requirements. Because it is a respiratory illness, there is a risk of exposure that a participant could contract the virus while at the City program.

Primary Contact First Name

Primary Contact Last Name

Do you or anyone in your household has fever or have you/they felt hot or feverish recently (14-21 days)?  Yes  No

Are you or anyone in your household having shortness of breath or other difficulties breathing?  Yes  No

Do you or anyone in your household has a cough?  Yes  No

Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?  Yes  No

Have you or anyone in your household experienced recent loss of taste or smell?  Yes  No

Are you or anyone in your household in contact with any confirmed COVID-19 positive persons?  Yes  No

Do you or anyone in your household has heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?  Yes  No

Camp Sacramento Wellness Questionnaire (continued)

For: \_\_\_\_\_

Have you or anyone in your household traveled in the past 14 days to any regions affected by COVID-19?

Yes

No

PLEASE NOTE THAT YOU WILL BE ASKED THESE QUESTIONS AGAIN WHEN YOU ARRIVE FOR CHECK-IN.

If you (or anyone in your household) are exhibiting any of COVID-19 symptoms (as per CDC guidelines) please self-quarantine for at least 14 days prior to completing your camp reservation. If you answered 'Yes' to any of the questions above, we will not be able to confirm your reservation and clear you for attendance. Please contact us right away to discuss any further details.

Signature \_\_\_\_\_

Date \_\_\_\_\_