



Obstacle Fitness Participant Health and Wellness Screening

To comply with MA guidelines, each participant will be screened upon Obstacle Fitness' arrival to the participant(s)' house. All information will be documented and filed for each visit.

Participant's Name: _____ Date: _____

1. Today or in the past 24 hours, has the participant or any household members had any of the following symptoms?
 - a) Fever (temperature of 100.0° or above), felt feverish or had chills? Yes No
 - b) Cough Yes No
 - c) Sore throat? Yes No
 - d) Difficulty breathing? Yes No
 - e) Gastrointestinal symptoms (diarrhea, nausea, vomiting)? Yes No
 - f) Fatigue? Yes No
 - g) Headache? Yes No
 - h) New loss of smell/taste? Yes No
 - i) New muscle aches? Yes No
 - j) Any other signs of illness? Yes No

2. In the past 14 days has the participant had close contact with a person known to be infected with the novel coronavirus (COVID-19)? Yes No

I, _____ (parent/caregiver signature), am reporting all responses of the participant accurately. I understand that if any of the above answers are yes, my child will not be allowed to participate in the program and therefore must stay with their parent or caregiver.