

GENESEE COUNTY PARKS, RECREATION & FORESTRY
COVID-19 Attestation Log for Program Health Screening: Self-assessment

COVID-19 Self-assessment Questions:

- a. Have you experienced any COVID-19 symptoms above your normal baseline in the past 14 days?
- b. In the past 14 days, have you tested positive for COVID-19 test?
- c. In the past 14 days, have you been within 6 ft. of a confirmed or suspected COVID-19 case for at least 10 minutes while they were not wearing a mask?
- d. Have you traveled outside New York State in the past 14 days? If yes, was it to or from a location currently designated as "Restricted" by New York State

COVID-19 symptoms, may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

By signing this form, I attest that:

- 1. I have monitored my temperature today prior to arriving at this program, and it was **less than 100.4 F, AND**
- 2. I answer "NO" to all three COVID-19 self-assessment questions.

PRINTED name of the Equipment User	Date	Time
Signature of the Equipment User	Date	Time
Signature of Parent/Guardian/Agent (if not an adult user)	Date	Time
Park Staff Initials	Date	Time

If I am unable to attest, because my body temperature was 100.4 F or more OR I answered "YES" to any of the self-assessment questions, instead of signing my name I will immediately leave the park.

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COVID-19 Self-assessment Questions:

- e. Have you experienced any COVID-19 symptoms above your normal baseline in the past 14 days?
- f. In the past 14 days, have you tested positive for COVID-19 test?
- g. In the past 14 days, have you been within 6 ft. of a confirmed or suspected COVID-19 case for at least 10 minutes while they were not wearing a mask?
- h. Have you traveled outside New York State in the past 14 days? If yes, was it to or from a location currently designated as "Restricted" by New York State

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- Sore throat
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- Nausea or vomiting
- Diarrhea

By signing this form, I attest that:

- 3. I have monitored my temperature today prior to arriving at this program, and it was **less than 100.4 F, AND**
- 4. I answer "NO" to all three COVID-19 self-assessment questions.

PRINTED name of the Equipment User	Date	Time
Signature of the Equipment User	Date	Time
Signature of Parent/Guardian/Agent (if not an adult user)	Date	Time
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