



BUFFALO  
GROVE  
PARK  
DISTRICT

### WELLNESS SCREENING SELF-ASSESSMENT

All staff and participants will be required to self-assess everyday before arriving to the class site. If a staff or participant answers yes to one or more of the questions, or if they have been exposed to a person known to have COVID-19, they may not enter the dome.

#### Wellness Screening Questionnaire

Yes No

- Have you felt feverish?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors<sup>1</sup>?
- Do you have any gastrointestinal concerns (e.g., abdominal pain, vomiting, diarrhea)?
- Is anyone in your household displaying any symptoms of COVID-19?
- To the best of your knowledge, have you or anyone in your household come into close contact<sup>2</sup> with anyone who has tested positive for COVID-19?

<sup>1</sup> Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature

<sup>2</sup> Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer unless wearing N95 mask during period of contact.