



**VERMONT
ADAPTIVE
Ski & Sports**

**DAILY PRE-SCREENING HEALTH SURVEY FOR EMPLOYEES, INTERNS, VOLUNTEERS,
ATHLETES AND OTHERS PARTICIPATING IN VT ADAPTIVE PROGRAMS**

TO BE ADMINISTERED TO EVERY SINGLE PERSON IN CONTACT WITH VERMONT
ADAPTIVE PROGRAMS, EVERY DAY, PRIOR TO PROGRAM CONTACT

Many individuals involved in Vermont Adaptive programs are at serious health risk associated with the Coronavirus COVID-19. In order to protect these individuals, anyone entering programs must acknowledge whether or not they have any of the symptoms associated with this virus. If you have any of these symptoms you will not be permitted to participate in programs and we recommend you consult with your health provider (and supervisor as appropriate).

In the past 14 days, have you:		
had close contact with a person confirmed or suspected of having COVID-19?	YES	NO
traveled or been outside of Vermont? If "YES", have you been to a county with more than 400 COVID-19 cases per million residents OR failed to follow self-quarantine measures?	YES	NO
taken and failed a test for COVID-19?	YES	NO
Today, or in the past 14 days, have you had any of the following symptoms?		
Cough	YES	NO
Shortness of Breath or Difficulty Breathing	YES	NO
Fever (>100.4 F/ 38 C) or felt feverish	YES	NO
Chills	YES	NO
Muscle Pain	YES	NO
Congestion or Runny Nose	YES	NO
Nausea	YES	NO
Diarrhea	YES	NO
Sore Throat	YES	NO
New Loss of Taste or Smell	YES	NO

IF THE ANSWER TO ANY QUESTION IS "YES", OR A FOREHEAD TEMPERATURE IS EQUAL TO OR GREATER THAN 100.4 F/ 38.0 C, THE PERSON IN QUESTION IS REQUIRED TO LEAVE VT ADAPTIVE PROGRAMS.

ANYONE WHO REFUSES TO COMPLY WITH THE SCREENING, INCLUDING THE TEMPERATURE CHECK, WILL NOT BE ALLOWED TO PARTICIPATE IN VT ADAPTIVE PROGRAM



DAILY CONTACT LOG

Location: _____

Date: _____/_____/2020

<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>Full Name</u>	<u>Role</u> Staff, Intern, Athlete, Caregiver, Other	<u>Temperature</u> <u>on Arrival</u>	<u>Any Signs or</u> <u>Symptoms?</u>
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO
						YES NO

* IF THE ANSWER TO ANY HEALTH SCREEN QUESTION IS "YES", OR A FOREHEAD TEMPERATURE IS EQUAL TO OR GREATER THAN 100.4 F / 38.0 C, THE PERSON IN QUESTION IS REQUIRED TO LEAVE VT ADAPTIVE PROGRAMS. ANYONE WHO REFUSES TO COMPLY WITH THE SCREENING, INCLUDING THE TEMPERATURE CHECK, WILL NOT BE ALLOWED TO PARTICIPATE IN VT ADAPTIVE PROGRAMS.