

**Coronavirus (COVID-19) Screening**

The safety of our children, staff, and families remains the Boys & Girls Club of East Aurora’s overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposures, we are requiring all attending the Pitch, Hit & Run event to complete the screening and waiver form. Your participation is important to help us to protect you and everyone at this event.

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| **Question #** | Question | Yes | No |
| **1** | Have you received a confirmed diagnosis for COVID-19 by a COVID-19 test or from a diagnosis by a health care professional in the past 10 days? |   |   |
| **2** | Are you currently waiting on results of a Covid-19 test? |   |   |
| **3** | In the past 10 days, have you traveled internationally?  |   |   |
| **4** | In the past 10 days, have you been in close contact with a person who is known to have a laboratory confirmed Covid-19 diagnosis or with anyone who has symptoms consistent with Covid-19 for 10 minutes over a 24-hour period.  |   |   |
| **5** | Have you been directed to quarantine or isolate for 10 days by the NYS DOH, School District or healthcare provider because you may have been exposed to a person with Covid-19.  |   |   |
| **6** | Have you experienced any cold or flu-like symptoms in the past 72 hours to include: fever of 100.4 degrees Fahrenheit or higher, \*sore throat, \*cough, \*difficulty breathing, new loss of taste or smell, new onset of severe headache, vomiting or diarrhea? *\* for people with chronic conditions, a positive answer should represent a change from their typical health status.*  |   |   |

If you answered **NO** to all questions, access to the Boys & Girls Club of East Aurora is approved for your visit. If you answered **YES** to **ANY** question, access is NOT approved.

Please print the names of the people in your party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_