

# City of Largo

## COVID-19 SCREENING CHECKLIST

All parents or guardians of camp participants must answer the following questions, provide contact information (for the purpose of contact tracing), and agree for their child(ren) to undergo body temperature screening, if requested. All participants must comply with all City and CDC rules and guidelines, and are encouraged to wear masks.

Any individual who answers “**Yes**” to any of the following questions will not be permitted entry to a City facility and their child(ren) will not be permitted to participate in camp:

1.	Have you or your child(ren) had any of the following symptoms in the last 24 hours?
	<ul style="list-style-type: none"> <li>• Fever &gt; 100.4° F (38° C) or felt feverish</li> </ul>
	<ul style="list-style-type: none"> <li>• Cough</li> </ul>
	<ul style="list-style-type: none"> <li>• Shortness of breath/breathing difficulties</li> </ul>
	<ul style="list-style-type: none"> <li>• Other symptoms such as chills, repeated shaking with chills, muscle aches, headache, sore throat, new loss of taste or smell</li> </ul>
2.	Have you or your child(ren) traveled outside of the country in the last 14 days?
3.	Have you or your child(ren) traveled to any known Hot Spot areas in the US in the last 14 days?
4.	Have you or your child(ren) had close contact (face-to-face contact within 6 feet) with someone who is ill with cough and/or fever or has been confirmed to be a case of COVID-19?

Temperature Screening: Even if each of the above questions are answered as “NO,” if an individual is displaying symptoms of illness, including fever or dry cough, they may be required to undergo temperature screening and may be excluded from City facilities or participation in camp if they have a temperature at 100.4 F or higher.

**REMINDERS:**

- There will be no more than 10 people permitted in an area
- Everyone must adhere to strict social distancing standards (at least 6’ apart)
- Clean and sanitize all high touch surfaces after each interaction

**PLEASE NOTE: These measures are best practices to mitigate the transmission of COVID-19 and do not offer any guarantee from exposure.**

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

Print Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_