

PALS COVID-19 screening for in-person activities

Please fill this out the morning of each PALS in-person gathering. If you answer yes to the first question, stay at home and alert the jobs coordinator to expect your absence at jobs@palsenrichment.org. If you answer yes to the second question, please consult CDC guidelines before returning to PALS.

Insert names of PALS attendees:	YOU				
Temperature:					
Has the person experienced any of the following in the past 48 hours? <ul style="list-style-type: none"> • fever of 100.4 or greater • chills • cough • shortness of breath • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose (not attributable to allergies) • nausea or vomiting • diarrhea 	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO
Within the past 10 days, has the person been in close contact (6 feet or less for a cumulative total of 15 minutes) with: <ul style="list-style-type: none"> • anyone with lab-confirmed COVID-19? or • anyone with symptoms consistent with COVID-19? 	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO

I, _____, declare that the above is true to the best of my knowledge. I further acknowledge that it is my responsibility to ensure that I and the children for whom I am responsible wear masks properly while attending PALS gatherings when Allegheny County is in high or substantial transmission.

Signed, _____ Date: _____