

Park District of Franklin Park
Health Questionnaire for Wellness Screen Related to COVID-19

The Park District of Franklin Park is committed to the safety of employees, patrons, and community, including during the COVID-19 pandemic. Employees and patrons will be required to self-assess using these questions each day prior to coming on-site. If the answer is “yes” to any question, please do not come on-site to prevent the spread of illness. Additionally patrons should notify the program supervisor of their absence and the reason for the absence.

- Do you have a fever of 100.4 degrees Fahrenheit or higher?
- 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 typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors (i.e., a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Have you tested positive for COVID-19 in the last 14 days?
- Is anyone in your household displaying any symptoms (as listed above) of COVID-19?
- To the best of your knowledge, in the last 14 days, have you come into close contact* with anyone who has tested positive for or been diagnosed with COVID-19?

By coming to the program and/or signing this questionnaire, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.

Participant Name

Signature (Parent/Guardian if under 18)

Date

* Close contact includes household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing an N95 mask during the period of contact