Appendix A

Villages of Westminster Homeowners’ Association

**COVID-19 SCREENING FORM**

This form is REQUIRED to be completed and signed EACH DAY you use the pool, prior to admission to the pool area. Please mark below if you have any of these symptoms\* of COVID-19.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Symptoms | Yes | No |
| 1. | A fever of 100.4 degrees Fahrenheit or higher, or a sense of having a fever |  |  |
| 2. | A new cough that cannot be attributed to another health condition |  |  |
| 3. | New shortness of breath that cannot be attributed to another health condition |  |  |
| 4. | New chills that cannot be attributed to another health condition |  |  |
| 5. | New sore throat that cannot be attributed to another health condition |  |  |
| 6. | New muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise) |  |  |

**If you are experiencing any one of these symptoms, or checked YES to any symptom above, you are not permitted to use the pool facility today.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name of child, if applicable Signature of child if 14 or older Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Printed Name (of Parent, if applicable) Signature Date

VOW address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(of parent if form is for any child)

*\*This is not a list of all possible symptoms. Symptoms can range from mild to severe illness and can appear 2-14 days after you are exposed to the virus that causes COVID-19. Please call your medical provider for any other symptoms that are severe or concerning to you.*