

Child Name: \_\_\_\_\_

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

### Y-ASPIRE Hub Health Screening

Please bring this completed form to Y-ASPIRE on your child's first day of the program each week

**Important:** This screening form will be completed prior to the first day of each week and the questions will be reviewed each day by the staff person conducting the health check. If unable to attest to these statements, your child will be unable to attend and a return to Y-ASPIRE plan will be coordinated with the Executive Director.

Everyone is susceptible to contracting COVID-19 upon exposure. Currently, there is no cure or vaccination available to prevent contracting COVID-19. Proper sanitation practices, wearing facial coverings, avoiding contact with infected persons, and self- quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community. These are critical policies that when practiced by our entire Y-ASPIRE community, limit the risk to exposure of COVID-19 and help to keep each other and loved ones safe.

In order for your child to attend Y-ASPIRE, the following statements must be true and your initials indicate that they are. You will be asked these statements during check in each day.

1. My child has not been around anyone with any of the symptoms listed below or diagnosis of COVID19 in the past 14 days. Initial \_\_\_\_\_
2. My child has not traveled to or from an area that does not meet the current Vermont Cross State Travel Plan within the past 14 days - <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. If so, they have quarantined for the 14 days prior to Y-ASPIRE; or they have tested negative for COVID19 within the past 7 days (date of test \_\_\_\_\_). Initial \_\_\_\_\_
3. My child and our family have adhered to Vermont guidelines regarding COVID19. Initial \_\_\_\_\_
4. I have read the State of Vermont Return to Child Care Program Following Illness document and am adhering to the guidelines outline within. - <https://www.healthvermont.gov> Initial \_\_\_\_\_

If your child has had any of the following symptoms in the past 48 hours they can not attend MWYMCA programs. Please call the site phone to report their absence and follow up with the main office for a return to care plan.

- o fever (temperature higher than 100.3°)
- o cough
- o shortness of breath or difficulty breathing
- o new loss of taste or smell
- o chills
- o muscle or body aches
- o headache
- o sore throat
- o fatigue
- o congestion or runny nose
- o nausea or vomiting
- o diarrhea
- o other signs of illness

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if Meeting Waters YMCA staff notice my child displaying any of the above symptoms, I or another emergency contact will be available to pick up my child from Y-ASPIRE within one hour of being contacted.

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

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

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

Relationship to child: \_\_\_\_\_

\*\*This information abides by all Meeting Waters YMCA confidentiality policies.