



Purchase Community, Inc. • 3095 Purchase Street • Purchase NY 10577 • T. 914.949.2636 • F. 914.949.0955 • www.purchasehouse.com

PURCHASE DAY CAMP TEAM MEMBER, CAMPER & ESSENTIAL VISITORS HEALTH SCREENING ONE-TIME ATTESTATION

Before entering Purchase Day Camp, TEAM Members; Campers, and Essential Visitors **must complete a health screening questionnaire daily**. In addition, each TEAM Member, Camper, and essential visitor must sign and submit this form to the program at the beginning of the season.

Self-Screening:

Below are the self-screening questions that TEAM Members, Campers, and Essential Visitors are required to answer **daily**. A parent or guardian is responsible for completing daily screening on behalf of their child(ren). If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If TEAM Members, Campers, and Essential Visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing **ANY** of the following symptoms?
 - Cough (new or worsening)
 - Shortness of breath (new or worsening)
 - Trouble breathing (new or worsening)
 - Fever
 - Chills
 - Muscle pain (new or worsening)
 - Headache (new or worsening)
 - Sore throat (new or worsening)
 - New loss of taste
 - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

Attestation: By signing this document, I agree that I will self-monitor these symptoms each day and will not enter Purchase Day Camp if any of the above symptoms or conditions are present.

TEAM MEMBER NAME: _____ **DATE:** _____

TEAM MEMBER SIGNATURE: _____