



Johnston Parks & Recreation Dept.'s Summer Day Camp: Daily Self-Attestation Form for Campers

SYMPTOMS

| HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE? | YES | NO |
|--|-----|----|
| FEVER OR CHILLS (temperature reading of 100.4°F (38.0°C) or above) | | |
| COUGH | | |
| SHORTNESS OF BREATH OR DIFFICULTY BREATHING | | |
| FATIGUE | | |
| MUSCLE OR BODY ACHES | | |
| HEADACHE | | |
| SORE THROAT | | |
| NEW LOSS OF TASTE OR SMELL | | |
| CONGESTION OR RUNNY NOSE | | |
| NAUSEA OR VOMITING | | |
| DIARRHEA | | |

RISK FACTORS

| | YES | NO |
|---|-----|----|
| Have you been directed to quarantine or isolate by the RI Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end? _____ | | |
| The items below are not risk factors if: <ul style="list-style-type: none"> You're fully vaccinated against COVID-19 (more than 14 days after final dose); OR You've tested positive for COVID-19 in the past 90 days and completed your isolation period; OR You've tested out of quarantine based on current requirements. | | |
| Have you been in close contact (less than 6 feet for 15min or more) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? | | |
| Have you traveled anywhere outside the United States (US) and US territories in the past 14 days? | | |
| Have you traveled to Rhode Island for a non-work-related purpose from a hot spot within the US and US territories? See a current list of hot spots at www.covid.ri.gov/travel | | |

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN YOU CANNOT ATTEND OUR SUMMER DAY CAMP FOR THE SAFETY OF OTHERS.

Camper's Name & Age Group (Printed)

Parent/Guardian's Phone Number

Parent/Guardian's Signature

Date & Time