



**Day Habilitation Daily Screening Attestation for COVID-19 Symptoms**

*All staff, caregivers/guardians, participants, and any individuals seeking entry into The Charles River Center must be directed to self-screen at home, prior to coming to the program for the day. These questions are subject to change based on state, local and CDC guidelines.*

**Without completion of the daily attestation form, you may not be granted entry into our facility.**

Participants or caregivers/guardians must provide verbal attestations daily regarding any **household contacts (you or anyone else in your household)** with COVID-19, or if they have taken medicine to lower a fever, and provider must maintain log of who was at the program each day.

Have you or anyone in your household taken any medication to reduce symptoms below?

Yes  No

**Please check yes or no if you are experiencing any of the following symptoms:**

- Fever 100.0F or above: YES  NO
- Cough: YES  NO
- Sore Throat: YES  NO
- Difficulty Breathing: YES  NO
- Abdominal Pain: YES  NO
- Unexplained Rash: YES  NO
- Fatigue: YES  NO
- Headache: YES  NO
- New loss of smell: YES  NO
- New loss of taste: YES  NO
- New muscle aches: YES  NO
- Nausea or vomiting: YES  NO
- Diarrhea: YES  NO
- Congestion/Runny Nose: YES  NO

**Additional questions:**

- (a) Have you received a positive test result for COVID-19? YES  NO
- (b) When was the date of the test? **Date:** \_\_\_\_\_
- (c) Are you waiting to receive results of a COVID-19 test? YES  NO
- (d) In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)? YES  NO
- (e) In the past 14 days have you, or anyone else in your household traveled outside of the Northeast? YES  NO

**Name of State where travel took place:** \_\_\_\_\_

**Travel Dates:** \_\_\_\_\_

If you are	Then
Experiencing any of the above symptoms	You may not enter our facility. Stay home, contact your primary care physician and your supervisor
Feeling well	Enter into our facility

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

Name of Participant: \_\_\_\_\_

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