

4-H Clearance to Participate Paper Health Screening Form

Please answer the following questions.

Name (One per Participant): _____

Date: _____

#	Yes	No	Question										
1			Please measure your temperature each day. In the last 24 hours, have you had a fever of 100.0°F / 37.8°C or higher?										
2			<div>Do you have any of the following symptoms (in the last 24 hours)?</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 50%; padding: 5px;">Feverish</td> <td style="width: 50%; padding: 5px;">Diarrhea (not due to a chronic condition)</td> </tr> <tr> <td style="padding: 5px;">Cough</td> <td style="padding: 5px;">Severe fatigue</td> </tr> <tr> <td style="padding: 5px;">Difficulty breathing (not due to a chronic condition)</td> <td style="padding: 5px;">Nasal congestion (not due to a chronic condition)</td> </tr> <tr> <td style="padding: 5px;">Sore throat (not due to a chronic condition)</td> <td style="padding: 5px;">Loss of sense of taste or smell (not due to a chronic condition)</td> </tr> <tr> <td style="padding: 5px;">Muscle aches (not due to a chronic condition)</td> <td style="padding: 5px;"></td> </tr> </tbody> </table>	Feverish	Diarrhea (not due to a chronic condition)	Cough	Severe fatigue	Difficulty breathing (not due to a chronic condition)	Nasal congestion (not due to a chronic condition)	Sore throat (not due to a chronic condition)	Loss of sense of taste or smell (not due to a chronic condition)	Muscle aches (not due to a chronic condition)	
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3			Have you been exposed to an individual with a confirmed COVID-19 infection within the last 14 days?										
4			Are you currently staying home due to illness or because you have been directed by your medical provider or public health official to quarantine?										

If you responded to YES in any of the questions above, due to the risk of you spreading COVID-19 to your fellow 4-H participants, you are being asked to go home.