



Grugan Center: 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: _____