Health Screening Questionnaire for Adults

Name: _____________________________________

Purpose of Visit (circle): ADULT LAP  AQUACIZE  ACCOMPANYING CAREGIVER

Today or in the past 24 hours, have you or any household members had any of the following symptoms?
* If the symptoms with an * are observed in combination with any of the first 8 symptoms listed, participant will not be admitted.

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<th>Yes</th>
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Fever (temperature of 100.0°F or above), felt feverish, or had 
Chills?
Cough?
Sore throat?
Difficulty breathing?
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
New loss of smell/taste?
New muscle aches?
Fatigue?*
Headache?*
Runny nose or congestion?*
Any other signs of illness?

In the past 14 days, have you been identified as having had close contact with a person known to be infected with the novel coronavirus (COVID-19)?

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<th>Yes</th>
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In the past 14 days, have you or any household members traveled outside of the Massachusetts travel ban as indicated by Governor Baker?

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Yes, but I/they received a negative COVID-19 test result from a test administered within 72 hours of arrival in Massachusetts.

If the answer is yes to any of the above, or if the person has any other signs of illness, they must not be allowed to enter the building.

By signing below, you attest that the answers above are true.

Signature: __________________________     Date: ___________________

Reviewed by

Signature: __________________________     Date: ___________________

Version 1 September 21, 2020