

# Tawasentha Pool Swim Lessons

Daily Intake Screening

Swimmer Name: \_\_\_\_\_ Week of: \_\_\_\_\_

<b>Level</b>	1	2	3	4	5	Parent & Child
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**Question 1:**

Has the camper recently had contact with anyone who has tested positive for Covid-19?

Monday	Tuesday	Wednesday	Thursday	Friday
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Y / N	Y / N	Y / N	Y / N	Y / N
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**Question 2:**

Is anyone in your household currently under mandatory or volunteer quarantine?

Y / N	Y / N	Y / N	Y / N	Y / N
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**Question 3:**

Is the camper experiencing any of the following symptoms:

Y / N	Y / N	Y / N	Y / N	Y / N
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Fever:	Y / N	Y / N	Y / N	Y / N	Y / N
Cough:	Y / N	Y / N	Y / N	Y / N	Y / N
Sore Throat:	Y / N	Y / N	Y / N	Y / N	Y / N
Diarrhea/Vomiting:	Y / N	Y / N	Y / N	Y / N	Y / N
Headache:	Y / N	Y / N	Y / N	Y / N	Y / N
Chest Pains:	Y / N	Y / N	Y / N	Y / N	Y / N
Muscle Pain:	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of Taste or Smell:	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of Breath or Difficulty Breathing:	Y / N	Y / N	Y / N	Y / N	Y / N

**Temperature Reading/Time Taken at Home:**

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**Initial of Person Completing Screening:**

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**Initial of Swim Lesson Director:**

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**Additional Notes:**

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