

# COVID-19 PUBLIC WELLNESS ASSESSMENT

## PURPOSE OF WELLNESS ASSESSMENT:

To ensure safety of all participants, while maintaining a high level of privacy for every individual.

Please review the questions listed below on the COVID-19 Public Wellness Assessment.

- If your response to any of the questions is “Yes”, you **will not** be allowed entry to or participation in this City facility or activity.
  - **Please note:** if your answer to any of the questions is “Yes”, you do not need to share which question(s) received a “Yes” response.
  - Once your response to all of the questions is “No”, you will be allowed entry to or participation in this City facility or activity.

## PUBLIC WELLNESS ASSESSMENT

1. Have you had a temperature of 100.4 degrees Fahrenheit or greater within the past 24 hours?
2. Have you experienced any of the following symptoms within the past 24 hours?
  - a. Fever or chills
  - b. Cough
  - c. Shortness of breath or difficulty breathing
  - d. Fatigue
  - e. Muscle or body aches
  - f. Headache
  - g. New loss of taste or smell
  - h. Sore throat
  - i. Congestion or runny nose
  - j. Nausea or vomiting
  - k. Diarrhea
3. Have you or a member of your household been exposed to COVID-19 within the past 14 days?

Thank you for helping us reduce the spread  
of COVID-19 in our community.