

Lyndhurst recreation daily health questionnaire

If you answer yes to any of the question below, please do not proceed

- Have you been ill with fever, chills, cough, or body aches in the past 14 days?
- Has anyone in your household had these symptoms in the past 14 days?
- Have you or anyone in your household traveled internationally in the last 14 days?
- Have you or anyone in your household traveled to a location in the United States where an increased incidence of COVID–19 has been reported in the last 14 days?
- Have you been told by a healthcare provider that you should self-quarantine due to a potential COVID–19 exposure or are you suspected of having COVID–19?
- If your answer to any of these questions is yes, consider seeking medical advice and self-quarantine.

Parent signature below indicates acknowledgement and an answer of NO to all of the questions above

Child’s name (print): _____

Parent signature: _____

Date: _____

*Practice general sanitizing and hygiene practices to reduce risk and spread of infection

While at Lyndhurst recreation facilities please practice social distancing when possible. Maintain a distance of 6 feet avoid and congregating in groups.

Please be courteous, respect others around you, and safely enjoy our facilities.