

## DAILY HEALTH SCREENING QUESTIONS FOR COVID -19

DO YOU AGREE WITH THE STATEMENT BELOW?

**I AM FEELING WELL. I DO NOT HAVE ANY OF THE SYMPTOMS BELOW**

- Fever of 100.4 degrees or greater
- Shortness of breath or difficulty breathing
- Chills
- Fatigue (New or Sever)

Any of the following not due to chronic condition

- Cough
- Muscle or Body aches
- Headache
- Sore throat
- Diarrhea
- Nausea / Vomiting
- Loss of taste or smell
- Congestion or Runny Nose

I have not been in close physical contact with anyone or who has tested positive for COVID -19 in the past 10 days.

I have not had a positive test result in the past 10 days.

I am not currently under a quarantine or isolation order.

If you “disagree” with any of the above, you will not be allowed to enter the recreation center or participate in at this time.

The Department of Recreation and Parks is Committed to Keep Everyone Safe.

Thank you for your understanding



PARK PROUD LA



Subject to change depending on the  
LA County Department of Public Health

