



Self-Assessment  
COVID Symptom Questionnaire

This questionnaire needs to be completed by every participant prior to arriving at a Park District facility, program or event. If the answer is YES to any of these questions, please stay home. Thank you!

1. Do you or anyone in your household have/had a fever (100.4 or above) in the past 72 hours?
2. Do you have the chills or any body aches in the past 72 hours?
3. Do you have a sore throat or cough?
4. Are you experiencing any chest tightness or congestion when breathing?
5. Have you had any upper respiratory symptoms in the past 72 hours?
6. Have you experienced diarrhea within the past 72 hours?
7. Have you or any family members been around anyone suspected of or tested positive for COVID-19?
8. Have you experienced a loss of taste or smell in the past 72 hours?
9. To the best of your knowledge, have you been in close contact (within 6 ft. for 15 minutes or longer) with anyone who tested positive for COVID-19 within the last 14 days?

Thank you for taking the Self-Assessment COVID Symptom Questionnaire. Again, if you answered YES to any of the above questions, please stay home. Stay well!