

## Health Questionnaire for Program Participants

To ensure health and safety of all participants and staff at Touch of Nature programs, please complete this form and return to TON staff by the start of the program.

I, or my child, **have/has not**, in the past 14 days, experienced or exhibited any of the following:

- Covid symptoms, such as fever, cough, difficulty breathing, sore throat, loss of sense of smell, etc.
- Contact with a person exposed to COVID

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Or

Signature of guardian/parent (if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

This signature also indicates compliance with TON staff directions regarding procedures during program participation, including masks/face coverings, social distancing, hand-washing, and any other health/safety directives given.