Churchill Rink at Jackson's Landing
Durham Parks & Recreation
10 Old Piscataqua Road
Durham, NH 03824

Covid-19 User Group Sign in Form

Organization: _____Group:_____

Group Leader: _____ Date: _____Time:_____

All persons entering the facility must be screened on arrival to each event at Churchill Rink by answering the following questions:

1. Do you have any of the following symptoms of Covid-19?
    a. Fever (a documented temperature of 100.4 degrees Fahrenheit or higher) or feeling feverish? (Temp must be taken at entry)
    b. Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough, or shortness of breath?
    c. General body symptoms such as muscle aches, chills, and severe fatigue?
    d. Gastrointestinal symptoms such as nausea, vomiting, or diarrhea?
    e. Changes in your sense of taste or smell?
2. Have you been in close contact with someone suspected or confirmed to have had COVID-19 in the past 14 days?
3. Have you traveled in the past 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?

PRINT NAMES OF ALL PARTICIPANTS BELOW	

By signing below, you attest you screened all players/coaches associated with your team and that they all answered NO to the above questions.

Group Leader Signature: _____Date:_____