

Calabasas Klubhouse Daily Health Check Questions

Each day, before coming to the Klubhouse, you must be able to answer NO to ALL the questions below for your child. If you answer YES to ANY of the questions, your child must remain home.

1. Do you have a new fever (100.4°F or higher) or chills that you cannot attribute to another health condition?

YES / NO **(If YES, you must remain at home.)**

2. Do you have any of the following symptoms?

- Fatigue Congestion or runny nose Sore throat
- New loss of taste or smell Muscle or body aches Headache
- Nausea or vomiting Diarrhea

YES / NO **(If YES, you must remain at home.)**

3. Do you have a new cough that you cannot attribute to another health condition?

YES / NO **(If YES, you must remain at home.)**

4. Do you have new shortness of breath that you cannot attribute to another health condition?

YES / NO **(If YES, you must remain at home.)**

5. Have you come into close contact (within 6 feet) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days?

YES / NO **(If YES, you must remain at home.)**

6. Has anyone in your household or anyone you've been in direct contact with in the past 2 days gone for a COVID-19 test and is awaiting results or has received positive results?

YES / NO **(If YES, you must remain at home.)**

7. Does anyone in your household or that you've come into contact with have any of the symptoms listed above?

YES / NO **(If YES, you must remain at home.)**