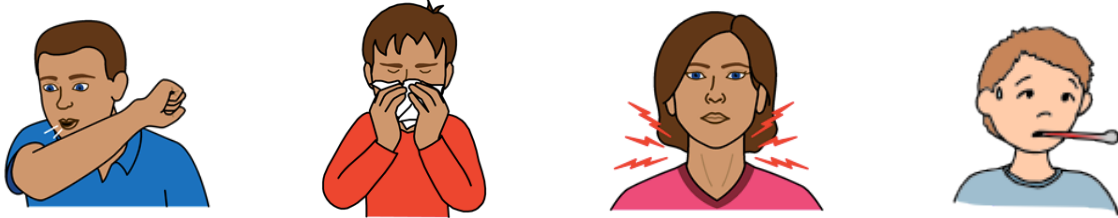


Do I Feel Sick?

Before I leave for program, I should ask myself, “Do I feel sick”? If I feel sick, I may have symptoms like a cough, runny nose, sore throat, or a fever.



If I feel sick, I need to stay home. My mom or dad should call my doctor. I will need to tell my parents and doctor how I feel, such as I have a fever, a cough, or my stomach hurts. My doctor or nurse will tell me what I need to do.



I should not go to the doctor’s office unless my doctor tells me to go. There are a lot of people who need to see the doctor right now because of the Coronavirus. People need to be careful not to spread germs, so it is best if I stay home when I am sick.



When I leave my house I have to wear a mask, so I don’t give my germs to other people. I will remember to cough or sneeze into my elbow. I will throw away my tissues in the trash can. I will be sure to wash my hands often for 20 seconds with soap and water.



If I start to feel really bad and have trouble breathing, I should tell someone right away. I may need to go to the hospital emergency room immediately.

Do I Feel Sick?

At Home Participant Self-Assessment

Maine-Niles Association of Special Recreation is committed to the safety of employees, patrons and the community, including during the COVID-19 pandemic. Participants will be required to self-assess using these questions each day prior to coming to a M-NASR program. If the answer is “yes” to any questions, participants may not attend their scheduled program in order to prevent the spread of illness. Additionally, parents/guardians/participants should notify M-NASR of the reason for their absence for the day.

- 1) Do you have a fever of 100.4 degrees Fahrenheit or higher?
- 2) Do you have a cough, runny nose, or sore throat?
- 3) Have you been experiencing difficulty breathing or shortness of breath?
- 4) Do you have muscle aches?
- 5) Have you had a new or unusual headache (e.g., not typical to the individual)?
- 6) Have you noticed a new loss of taste or loss of smell?
- 7) Have you been experiencing chills or rigors (i.e., a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- 8) Do you have gastrointestinal concerns (e.g., abdominal pain, vomiting, diarrhea)?
- 9) Have you tested positive for COVID-19 in the last 14 days?
- 10) Is anyone in your household displaying any symptoms (as listed above) of COVID-19?
- 11) To the best of your knowledge, in the last 14 days, have you come into close contact with anyone who has tested positive for or been diagnosed with COVID-19?

By coming to M-NASR programs, you acknowledge that you have in fact conducted this self-assessment and the information provided above is true and accurate to the best of your current knowledge and beliefs.