

## RCE COVID-19 Health Screening

**Please read these instructions carefully.**

The safety of our program participants, volunteers, faculty and staff remain Rutgers Cooperative Extension's overriding priority.

To prevent the spread of COVID-19 and reduce the potential risk of exposure, all participants must complete this simple health screening. Your participation is mandatory in order to protect yourself and your fellow participants.

We request you complete this screening before you leave home on the day of the event. If you are a parent/guardian with a child attending a RCE event, please answer the health assessment questions for your child.

**Today's date:** \_\_\_ / \_\_\_ / \_\_\_\_

**Name of RCE program, event, or meeting you are attending**

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If you answer yes to any of the screening questions below you will not be permitted to participate in this event.

**I attest (acknowledge or certify) that the following responses are accurate.**

Have you experienced any of the following symptoms in the past 24 hours?

- Fever (temperature over 100.4F) or chills?
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat

Yes \_\_\_ No \_\_\_

Have you experienced new onset or worsening of any of the following symptoms that are not due to a known condition or illness? (One Y/N answer)

- Fatigue
- Muscle or body aches
- Headache
- Congestion
- Runny nose
- Nausea or vomiting
- Diarrhea

Yes \_\_\_ No \_\_\_

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 10 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has symptoms consistent with COVID-19 without appropriate PPE ("Personal Protective Equipment") use?

Yes \_\_\_ No \_\_\_

Have you been asked to self-isolate or quarantine at this time by a medical professional or a local public health official or due to NJ state travel advisories?

Yes \_\_\_ No \_\_\_

**Please provide participant contact information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

**Please bring your own face covering. Equipment sharing is not permitted, unless disinfected between uses. Maintain hygiene practices.**

**Rutgers Cooperative Extension is working hard to slow the spread of COVID-19. If you have been exposed to COVID-19 at a RCE event, you will be contacted.**

## **ACKNOWLEDGEMENT AND AGREEMENT**

I understand that when participating in this RCE activity I and/or my child will be required to follow rules and protocols designed to help keep everyone safe and well. These rules include wearing a mask or face covering, practicing physical distancing, washing or sanitizing hands, and cleaning and disinfecting surfaces, equipment, and materials. I agree, for myself and on behalf of my child, to follow all rules, procedures, and protocols as directed by the leader(s) of the RCE activity, and understand that failure to do so may result in my/my child's dismissal from the activity and barment from future participation.

I acknowledge and understand that my/my child's participation in this in-person RCE activity is voluntary and I am/my child is not required to participate. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I voluntarily assume all risk of illness, injury, loss, and/or damage to person or property in any way associated with my participation in this RCE activity.

If I am/my child is diagnosed with COVID-19, I will notify my local RCE program so they are prepared to assist with state contact tracing efforts as requested. I understand the RCE program may alert others who attended this 4-H Activity that COVID-19 exposure has occurred, and that such notification will not identify me/my child as the source. I will cooperate with state and local health officials to provide necessary information about the individuals with whom I/my child had close contact during the 48 hours prior to experiencing symptoms. If I am notified I/my child was exposed to COVID-19 at a RCE Activity I will participate in state contact tracing efforts, including responding to communications from contact tracing personnel.

To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of New Jersey, Rutgers University, Rutgers Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any illness, injury, loss or damage to person or property in any way arising out of or relating to my/or my child's conduct of or participation in RCE/4H activity.

X \_\_\_\_\_