



**Adirondack Trail Improvement Society, Inc.**  
**PO Box 565, Keene Valley, NY 12943**

**ATIS Junior Program COVID – 19 Screening Form**

**This form must be filled out and submitted for each week of participation.**

Participant Name: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_

Week of Participation: \_\_\_\_\_

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Has the participant had any close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Has the participant had any of the following symptoms within the past 48 hours? (Please check for these symptoms on the day(s) of participation as well.)

\_\_\_\_\_ Fever

\_\_\_\_\_ Chills

\_\_\_\_\_ Shortness of breath or difficulty breathing

\_\_\_\_\_ Cough

\_\_\_\_\_ Loss of taste or smell

Has the participant been diagnosed with COVID-19 within the past 14 days?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

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Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_