



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: _____

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

Parent signature: _____ Date: _____