

# Welcome to Sunnyvale Recreation!



**1. BEFORE** you leave your home to come to class/camp, **ANSWER** the daily health screening questions below. If you answer **YES**, **STAY HOME** and email [recreation@sunnyvale.ca.gov](mailto:recreation@sunnyvale.ca.gov).

**1**

Within the past 10 DAYS, have YOU or SOMEONE in your HOUSEHOLD been DIAGNOSED with COVID-19 or had a POSITIVE COVID-19 test result (Antigen or PCR)?

**If YES  
STAY HOME**

**2**

Within the past 10 DAYS, have YOU had CLOSE CONTACT\* with someone who has been in ISOLATION for COVID-19 OR had a POSITIVE COVID-19 test result (Antigen or PCR)?

**If YES  
STAY HOME**

*\*Close contact is someone who was 0 to 6 feet of an infected person for at least 15 minutes or more within a 24 hour period regardless of whether both parties were wearing masks. The  $\geq 15$  minutes could be continuous contact or had repeated short-duration interactions with the infected person within the 24 hour period.*

**3**

Within the past 3 DAYS, have YOU or SOMEONE in your HOUSEHOLD had ONE or MORE of these SYMPTOMS:

- Fever of 100.0 or higher
- Chills
- Cough
- Loss of taste or smell
- Shortness of breath
- Difficulty Breathing

**If YES  
STAY HOME**

**4**

Within the past 3 DAYS, have YOU or SOMEONE in your HOUSEHOLD had ONE or MORE of these SYMPTOMS that are NEW or NOT EXPLAINED BY ANOTHER REASON:

- Fatigue
- Headache
- Sore Throat
- Diarrhea
- Congestion
- Nausea
- Vomiting
- Body Aches

**If YES  
STAY HOME**

**2. MAKE SURE** you have your **mask, backpack with personal items** to come to class/camp. Also, for youth programs be sure your **parent/guardian** has a **mask** for check-in and check-out too.

**3. WHEN YOU ARRIVE**, have your **temperature checked** at the check-in and **get ready** to have **fun!**

**REMEMBER** masks are to be worn during **ALL** youth programs regardless of vaccination status. Thank you for helping us stay healthy!