ARLINGTON
VIRGINIA

DEPARTMENT OF PARKS AND RECREATION

ATHLETIC AND FACILITY SERVICES DIVISION
3700 South Four Mile Run Drive, Arlington, Virginia 22206
TEL 703-228-4747 TTY 711 parks.arlingtonva.us

Screening Questions

Questions	Response
Are you currently experiencing a fever or feeling feverish? (≥100.4)	YES / NO
Have you had any contact with or cared for a person with confirmed or suspected case of COVID-19 within the last 14 days? (excluding health care industry where PPE was used?	YES / NO
Are you experiencing shortness of breath or difficulty breathing?	YES / NO
Do you have a new cough?	YES / NO
Do you feel tired?	YES / NO
Do you have congestion or runny nose?	YES / NO
Do you have a sore throat?	YES / NO
Do you have muscle aches or chills?	YES / NO
Any nausea/vomiting in the last 24 hours?	YES / NO
Do you have a headache?	YES / NO