

University of Maryland Extension (UME) Reopening Health Agreement

Any adult, 18 years or older who wishes to participate in an in-person UME program/event must complete and sign a paper version OR use a tablet to complete the Health Agreement/COVID-19 symptom survey for every program/event they attend. A completed Health Agreement is your “ticket” to enter the program/event and must be filled out prior to entering the program/event. Your Health Agreement will be reviewed and collected by an Extension Educator or designated staff member when you arrive.

Please answer the questions below and sign the form at the bottom of the page. Please note:

- ❖ Health Agreements should be completed the day of the program/event you plan to attend.
- ❖ **You should take your temperature at home the day of the program/event you plan to attend, to verify you do not have a fever of 100.4°F or higher.**

Program/Event: _____ Program/Event Date: _____

Participant Name: _____

Are you experiencing any of the following? **Check:** Yes or No

Do not check "yes" if a symptom is related to another long-term health condition.

Temperatures of 100.4°F or higher	Sore throat	Muscle or body aches
Chills	New loss of taste or smell	Excessive fatigue
New onset cough	Nausea or vomiting	Diarrhea
Trouble breathing	Unusual sinus pain	

Are you waiting for results of a COVID-19 test because you had symptoms or were exposed? Yes No

Are you caring for someone with COVID-19 or possible COVID-19 infection? Yes No

If you answered “Yes” to one of the questions above, you should not attend the UME program/event. Contact your health care provider if you are experiencing the symptoms described above.

I understand that when participating in this UME program/event, I 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 appropriately during the entire program, practicing physical distancing and washing or sanitizing my hands. I agree to follow all rules, procedures, and protocols as directed by UME educators or staff and understand that failure to do so may result in my dismissal from the program/event.

Signature

Date