

COVID-19 SCREENING FORM AND WAIVER FOR SUMMER ATHLETICS & ACTIVITIES

Student Name: _____ Sport: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone Number: _____

School: _____

2020-21 Year in School: _____

Gender: () Male () Female

DOB: _____ Age: _____

Questions	YES	NO
Do you have a family or household member diagnosed with the COVID-19 virus currently or in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any of the following symptoms in the past two weeks?		
• Fever	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
• Shaking chills	<input type="checkbox"/>	<input type="checkbox"/>
• Chest pain, pressure, or tightness	<input type="checkbox"/>	<input type="checkbox"/>
• Fatigue or difficulty with exercise	<input type="checkbox"/>	<input type="checkbox"/>
• Loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
• Persistent muscle aches or pains	<input type="checkbox"/>	<input type="checkbox"/>
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea, vomiting, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Do you have moderate to severe asthma, a heart condition, diabetes, or a weakened immune system?	<input type="checkbox"/>	<input type="checkbox"/>

Have you been diagnosed or tested positive for COVID-19 infection?

YES NO

DATE OF TEST: ___ / ___ / ___

If you had COVID-19 infection,

- During the infection, did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?

YES NO

- Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?

YES NO

****Should any of your information/answers change, please notify the school's administration/coach IMMEDIATELY.***

By signing below, we also attest that the student/athlete is in good physical health and understand that for summer activities the school district does not provide insurance and we are participating at our own risk.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*This form needs to be turned in to each coach the first time the student/athlete attends a workout. So one form per sport/activity that a student participates in. It will be kept on file as an agreement for participation in summer activities.