

Daily Student Athlete Symptom Checklist

This checklist is intended to be conducted at home by families prior to students attending conditioning at school sites.

| Yes | No | Prior to coming to school every morning, please answer “Yes” or “No” to the following questions. |
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| | | Does your student have a new cough that cannot be attributed to another health condition? |
| | | Does your student have shortness of breath that cannot be attributed to another health condition? |
| | | Does your student have a headache that cannot be attributed to another health condition? |
| | | After taking the temperature today, does your student have a temperature greater than 100.0F? |
| | | Does your student have any of the following symptoms: chills, repeated shaking with chills, muscle pain, nasal congestion, sore throat, nausea, vomiting, diarrhea or new loss of taste or smell? |
| | | Has your student come into close contact (within 6-feet, for longer than 15 minutes) with someone who has a laboratory-confirmed COVID-19 diagnosis in the past 14 days? |
| | | Has a health care provider or public health official asked your student to quarantine (i.e., stay home) during this period? |

If you have answered “No” to all above questions, your student is safe to enter campus today. If you have answered “Yes” to any of the above questions please stay home and inform your school site. Your school nurse will follow-up regarding next steps.

Has student ever had a diagnosis of COVID-19 or ever tested positive for COVID-19; (These students must have one-time additional clearance from a healthcare provider to participate in athletics): YES NO

I certify that my student: _____ does not have any symptoms.

Parent/Guardian Signature

Date

Has your student socialized with friends within 6-feet today and/or did they socialize with friends without wearing a mask today? If the answer is yes, then please have your student athlete share this with their coach.