



New Palestine HS & D

Instructions (NewInstructionsPage.aspx)

Covid – 19 Participant Screening Form

New Palestine HS & D 2020/2021

Student Name

Date:

Sport/Activity Attending

Grade (2020/2021 School Year)

Gender

M F

ANY PARTICIPANT ANSWERING YES TO ANY QUESTION OR RECORDING A TEMPERATURE OF 100.4 OR ABOVE MUST BE SENT HOME

1. Do you have a fever?

Yes No

2. Do you have a Sore Throat?

Yes No

3. Do you have a Cough?

Yes No

4. Are you experiencing a loss of smell or taste?

Yes No

5. Are you experiencing a shortness of breath?

Yes No

6. Have you had a close contact to a positive covid patient?

Yes No

7. Please enter todays temperature

Student Print Signature

Please sign.

State legal verbiage

Notification Email: _____ If the athlete is 18 and completing the form themselves, please enter their email. If the athlete is under 18 or the parent/guardian is completing the form, please enter the parent/guardian email. An email notification will be sent once the form has been approved.