

Monrovia High School - Participation Screening Form

Student Name: _____

Week of: _____

Parent/Guardian Name: _____

Day of Week	Q1	Q2	Q3	Parent/Guardian Signature	Temp (<100.4) Checked by Coach	Coach initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Parent: indicate answers to Q1, Q2, Q3, and SIGN, *prior* to student's participation for each day.

****Please use "Y" for yes, "N" for no.****

Q1. In the last 14 days, has anyone in your household had close contact with someone who has or is suspected to have COVID-19?

Q2. In the last 48 hours, have you/your child(ren) experienced any of the following symptoms?

- Fever (over 100.4 °F)
- Headache
- Cough
- Sore throat
- Shortness of breath
- Chills
- Muscle aches
- Loss of taste and smell
- Gastrointestinal (nausea, vomiting or diarrhea)

Q3. Has the student traveled outside Southern California Region since December 30th, 2020? **If Yes, provide return date:** _____

If The answer is Yes, the student will have to Self Quarantine for 10 days from Return Date.

Southern California Region is defined as the following counties: Imperial, Inyo, Los Angeles, Mono, Orange, Riverside, San Bernardino
San Luis Obispo, Santa Barbara, and Ventura.

This form (the student's record for the week) travels with the student.

Form shall be collected by the Coach on the week's final participation day.