

Daily Symptoms Check Form

Download Form

Answer, Complete, and Bring 1 Form per day (1/2 sheet)

Remember to sign

Parental Active Daily Symptoms Check:		
When answering, consider the past 24 hours.		
Temperature must be less than 100.4 .		
If any answer is YES , DO NOT ATTEND PRACTICE		
Do you have/have you had a fever?	YES	NO
Do you have/have you had a cough?	YES	NO
Do you have/have you had a sore throat?	YES	NO
Have you experienced a shortness of breath?	YES	NO
Have you come into close contact with		
or cared for someone with COVID-19?	YES	NO
Temperature prior to arriving on campus? Time taken _____	Temp:	_____
Athlete:	Date:	
Parent Signature:		

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