Athletic/Camp At Home Screening

Parents are to complete this form for their child

Date:

Athlete/Student Name:
Assigned Class/Group:

Temperature:

Circle Y or N if you or your child is experiencing any of the following symptoms. Y – yes N – no

Cough	Y N
Shortness of breath or difficulty breathing	Y N
Chills	Y N
Muscle aches	Y N
Sore throat	Y N
New loss of taste or smell	Y N
Exposed to someone with COVID or with symptoms	Y N

The athlete/participant may not attend conditioning/camp activities if Y is circled or if their temperature is 100.4°F or higher.

Signature of parent_____

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