Event:\_Athletic Workout/Conditioning\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:              Site Location:    VAFS         Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Under order of the Public Health Officer, students must undergo a symptom check prior to coming to school or participating in an event. Please check your symptoms at home or at the event according to the directions given by the Event organization. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

|  |  |  |
| --- | --- | --- |
| Please record your temperature here\_\_\_\_\_\_\_\_\_\_\_\_\_.  If your temperature is more than 100.4F, you may not participate. | No | Yes |
| Have you been exposed to someone with COVID-19 in the past 14 days? |  |  |
| Do you feel ill? |  |  |
| Do you have: |  |  |
| * Cough * Shortness of breath or difficulty breathing * Chills * Fatigue * Repeated shaking with chills * Muscle or body aches * Congestion or runny nose * Sore throat * Headache * New loss of taste or smell   This list is not all inclusive. Other less common symptoms have also been reported:   * Gastrointestinal (Children may especially have symptoms) * Nausea * Vomiting (unidentified cause, unrelated to anxiety or eating) * Diarrhea |  |  |

I, , parent of the above named student attest that the answers above are accurate to the best of my knowledge. ­ I confirm that the above named student has not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name Date

Signature Current phone number