

COVID-19 Student-Athlete/Coach Self-Screening

This form must be completed every day as part of your at home, self-screening.

If ALL of the BELOW are NO, then the student-athlete/coach may enter the building or workout area for volunteer summer activities.

If you answer YES to any of the questions, you should stay home, care for yourself and contact your health care provider with worsening symptoms.

Email address: _____

What is your Sport/Activity? Volleyball Open Gym Volleyball Summer Camp

Today's Date: _____

First and Last Name (No nicknames) _____

Do you have a NEW or WORSENING cough OR shortness of breath?

Yes No

Do you have at least two of the following symptoms: Fever (>100), chills, muscle pain, headache, sore throat, new loss of taste/smell

Yes No

Did you complete the on-line (google form) Covid screening? If not, please do so today and if possible going forward.

Yes No

Emergency contact name for TODAY: _____

Emergency contact phone number for TODAY: _____