

Circle answer for EACH question below. Must complete BEFORE EACH PRACTICE

Yes or No - In the past 14 days have you had a close contact for a prolonged time with a person known to be infected with COVID -19?

Yes or No – Do you have any of the following symptoms: New cough, trouble breathing, shortness of breath, wheezing, new chills, new muscle aches, sore throat, diarrhea or new loss of smell or taste?

Yes or No – Do you have a temperature of 100°F or greater?

Swimmer name: _____

Parent Signature: _____ Today's Date _____

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