

Edina Swim Club – Required Health Screening

To help us ensure the health and safety of our coaches and swimmers, we cannot permit individuals into pool spaces or facilities who have COVID-19 or who have symptoms associated with COVID-19.

Each swimmer and coach MUST answer the following questions prior to coming to a practice or into a facility being used by the Edina Swim Club. You will be asked prior to entering the facility to confirm that you completed this self-assessment before being permitted to enter the facility. If you forgot to take the assessment before coming to the pool, the coach in charge will ask you these questions. Additionally, once at the facility, the coach in charge will take your temperature.

1) Within the last 14 days, have you tested positive for COVID-19 or otherwise been diagnosed with COVID-19? **Yes ___ No ___**

2) Is there anyone in your household who has been tested for COVID-19 and results are pending? **Yes ___ No ___**

3) **Do you have any of the following symptoms associated with COVID-19:**

- Do you have a fever (100.4°F or higher), or a sense of having a fever? **Yes ___ No ___**
- Have you had a fever (100.4°F or higher), or a sense of having a fever in the past 3 days? **Yes ___ No ___**
- Do you have chills that you cannot attribute to another health condition? **Yes ___ No ___**
- Do you have a cough that you cannot attribute to another health condition? **Yes ___ No ___**
- Do you have shortness of breath that you cannot attribute to another health condition? **Yes ___ No ___**
- Do you have a sore throat that you cannot attribute to another health condition? **Yes ___ No ___**
- Do you have a loss of taste or smell that you cannot attribute to another health condition? **Yes ___ No ___**
- Do you have muscle aches that you cannot attribute to another health condition nor a specific activity, such as physical exercise? **Yes ___ No ___**

4) Within the last 14 days, have you been in close contact with someone who has tested positive for COVID-19 or who has otherwise been diagnosed with, COVID-19? (Note: close contact is defined as within 6 feet or more for more than ten minutes as per CDC guidelines). **Yes ___ No ___**

5) Within the last 14 days, has any member of your household tested positive for COVID-19 or otherwise been diagnosed with, COVID-19? **Yes ___ No ___**

6) Have you been advised by a health care professional that you should currently stay home or self-quarantine based on the belief that you have COVID-19, you may have COVID-19, or because you are particularly vulnerable to COVID-19? **Yes ___ No ___**

7) Within the last 14 days, have you traveled outside of the United States or been on a cruise ship or river boat? **Yes ___ No ___**

If your answer to any of the above questions is YES, you may not come to practice today. You should immediately notify your coach / supervisor that you are unable to attend practice due to illness or exposure to illness.

Your compliance with this requirement before each practice will help ensure the safety of our swimmers and staff. We also believe it helps the Edina Swim Club comply with applicable law as we get back into the pool.