



# Athlete Health Check

All athletes are required to complete this form and bring it EVERY day the athlete attends practice or other swimming event/activity. If any question is answered YES, the athlete will not be permitted to participate until the athlete receives clearance from a doctor, is without symptoms for 3 consecutive days, or for 10 days after a positive test result.

1. Athlete First Name: \_\_\_\_\_

2. Athlete Last Name: \_\_\_\_\_

3. Is the athlete or anyone in the athlete’s household experiencing any of the following symptoms:

- New cough (not due to allergies)
- Fever (temperature above 100 degrees)
- Muscle pain
- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Chills
- Sore throat (not due to allergies)

◆ Yes      ◆ No

4. Has the athlete tested positive for COVID-19 or otherwise been diagnosed with, COVID-19 within the last 14 days?

◆ Yes      ◆ No

5. Has the athlete had close contact within the last 14 days, with someone who has a confirmed case of COVID-19 or who has had any of the above symptoms?

*Notes: Close contact is defined as within 6 feet for more than 10 minutes per CDC Guidelines. If the athlete has been tested since close contact and received a negative result, a No answer is acceptable.*

◆ Yes      ◆ No

Dated: \_\_\_\_\_, 2021

Signature of Athlete (if over 18 years of age)

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_