

**WESTHILL ATHLETICS
COVID-19 HEALTH SCREENING**

My child does not have any of the following symptoms:

- Sore throat or cough
- Shortness of breath or difficulty breathing
- Muscle pain or fatigue
- Chills or fever
- Headache
- Nausea or vomiting
- New loss of taste or smell
- Runny nose/sinus congestion
- If anyone in your household has two or more of any of the symptoms above

Please inform the Athletic Director, Jen Smarrelli (jsmarrelli@westhillschools.org) if your child has any of the above symptoms.

Please also read through the following questions:

1. Does he/she currently have a fever above 100 degrees?
2. In the past 14 days has he/she been exposed to anyone who has tested positive with COVID-19 and is currently quarantined?
3. In the past 14 days, has anyone in your household been exposed to anyone with COVID-19?
4. In the past 14 days, have you traveled to any of the current advisory states?

NO _____ I am attesting that my child has no symptoms and I can answer “**NO**” to the above questions.

YES _____ My child has symptoms or I can answer “**YES**” to any of the above questions.

Parent/Guardian Signature _____

Date: _____

This form must be submitted to the coach every day prior to each practice/game

PRINT ATHLETE NAME: _____

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