

Health Screening Form OUTDOOR

Date	TimeLoc	ation	Circle Yes/No Below										
	Name		Fever		Dry Cough		Sore Throat		Shortness of Breath		Close Contact, care for COVID 19		Notes
Student 1			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 2			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 3			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 4			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 5			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 6			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 7			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 8			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student 9			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student10			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student11			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student12			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student13			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student14			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student15			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student16			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student17			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student18			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student19			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student20			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student21			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student22			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student23			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student24			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Student25			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Coach 1			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Coach 2			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

- If a staff member or student affirms to a combination of two of any of the following symptoms 1. Dry Cough, 2. Shortness of Breath, 3. Sore Throat, the
 individual will be sent home. Any person with positive symptoms reported will not be allowed to take part in the activities.
- Any staff member or student who experiences any of the symptoms above should self-isolate and will not be allowed to participate until the below conditions have been met.
 - In the case of an individual who was diagnosed with COVID-19, the individual may return when all three of the following criteria are met: 1. At least three days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications); and 2. The individual has improvement in respiratory symptoms (e.g., cough, shortness of breath); and 3. At least ten days have passed since symptoms first appeared; or
 - In the case of an individual who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to activities until the individual has completed the same three-step criteria listed above: or
 - If the individual has symptoms that could be COVID-19 and wants to return to activities before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
- Any staff member or student living with someone who experiences any of the symptoms of COVID, whether they have a positive COVID test or not, should self-isolate for two weeks. If they do not experience any COVID symptoms during that period, they can return to summer activities. If they experience symptoms, they must self-isolate until the conditions outlined above have been met.