BACK TO PRACTICE **Weekly Form**

TEMPERATURE: _____

TEMPERATURE: _____

TEMPERATURE: _____

STUDENT-ATHLETE CARE

COVID-19 Student-athlete Screening Form

Instructions for use: Use one for each student-athlete practice. Ask the student-athlete these questions at the time of practice. Take the student-athlete's temperature and note any signs of fever, coughing, or shortness of breath.

Student-athlete / Parent / Guardian Names:_____

SCREENING QUESTIONS	DATE:	DATE:	DATE:	NOTES
Do you have a fever or above-normal temperature (>100.4℉)? *Take temperature at practice.*	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	If student-athlete answers "yes" to either question on shortness of breath or coughing, or answers yes to any combination of two other symptoms, consider not seeing the student-athlete until symptoms resolve or until student-athlete can provide proof they are not infectious for COVID-19. The coach / medical staff may want to seek additional information from the student-athlete regarding symptoms.
Are you experiencing shortness of breath or having trouble breathing?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Do you have a runny or congested nose?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Do you have a dry cough?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Have you recently lost or had a reduction in your sense of smell or taste?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Do you have a sore throat?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Are you experiencing chills or repeated shaking with chills?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	
Do you have unexplained muscle pain?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes	

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Do you have diarrhea?	☐ No ☐ No ☐ No ☐ Yes ☐ Yes ☐ Yes	
Do you have a headache?	☐ No ☐ No ☐ No ☐ Yes ☐ Yes ☐ Yes	
Even if you don't currently have any of the above symptoms, have you experienced any of these in the last 14 days?	☐ No ☐ Yes	If "yes", do not see student-athlete unless it has been more than 10 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.
Have you been in unprotected contact with someone who has tested positive for COVID-19 in the last 14 days? *"Unprotected contact" means without the use of personal protective equipment.*	☐ No ☐ No ☐ No ☐ Yes ☐ Yes ☐ Yes	If "yes", ask for the date of last contact with COVID-positive patient and set practice time for more than 14 days later.
Have you been tested for COVID-19 in the last 14 days? *If no, proceed to the next question.*	☐ No ☐ Yes	
I**f yes,** what is the result of the testing? **If negative**, proceed to the next question. **If still waiting on results**, schedule practice after results are known.	☐ No ☐ Yes ☐ Positive	If positive, schedule student-athlete to return when it has been more than 10 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.
Have you traveled more than 100 miles from your home in the last 14 days?	☐ No ☐ Yes	If yes, determine if the student-athlete traveled to an area where COVID-19 cases are high. Determine if student-athlete followed physical distancing precautions and wore a mask while in public. Use professional judgement when determining whether to proceed with practice.

Student-athlete signature required at time of practice:

I agree to notify Aptos High School if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand that Aptos High School has a legal and ethical obligation to inform me if a staff person or student-athlete I had contact with tested positive for COVID-19 within 14 days.

Signature:_____Date:_____

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