

Calvary Academy 2020 COVID-19 Pre-screening Questions:

To participate in summer workouts, fall practices, or games, each student must complete this form. Screening questionnaires must be completed prior to arriving on school grounds. This is a one-time form to be filled out, but **will be required again if symptoms arise**; if symptoms arise, please also use our website online Covid Reporting form: <https://www.calvaryacademy.org/current-families/student-absence-covid-reporting/>

Name of Student: _____ Date: _____

Parent/Guardian Cell: _____ Sport: _____

Are you experiencing any of the following symptoms? Please Circle One

1. Fever ($\geq 100^{\circ}\text{F}$) YES NO
2. Cough or shortness of breath YES NO
3. Sore Throat YES NO
4. Chills YES NO
5. Muscle aches or rigors YES NO
6. Headache YES NO
7. New loss of taste or smell YES NO
8. Abdominal pain, nausea, vomiting or diarrhea YES NO

Additional Questions and statements:

Have you had close contact with someone who is currently sick? YES NO

Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have COVID-19? YES NO

Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days? YES NO

If you took your temperature this morning, what was the reading?

I understand that by coming to this event, I am assuming the risk of exposure to the coronavirus and I agree that I will not hold Calvary Academy or anyone who is participating, liable if I or my child were to get the virus. _____ (*initial here*)

Print Name _____ Date _____

Parent Signature _____