Team Sopris Athlete & Coach Daily Symptom Screening **All coaches and athletes must complete a Health check EVERYDAY prior COMING TO THE POOL OR ATTENDING A SWIM MEET.**

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I am experiencing one or more of the following symptoms: Fever, body aches, body chills, extreme fatigue, dry cough, pain/difficulty breathing, shortness of breath, sore throat, body/muscle aches, loss of smell/taste, headache, diarrhea, vomiting abdominal pain.

* ***IF this is a true statement and I am are experiencing any of these COVID related symptoms, I agree to stay home and contact my physician.***

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There is someone in our household or close contact who has been diagnosed with COVID-19 in the past 2 weeks?

* ***IF I have answered YES, to this question, I agree to STAY HOME AND QUARANTINE.***

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***Daily, I agree to follow the 5 commitments to containment:***

1. I will maintain 6 feet of social distance.
2. I will wash my hands often.
3. I will cover my face in public.
4. I will stay at home when I am sick.
5. I will get tested immediately if I have symptoms.

***Daily Health Check – Please use the calendar below to mark that you have completed your daily health check. Mark* X *or place your initials on all days at a time prior to you attending a practice or a swim meet. I agree to return to the coach at the end of each month in exchange for a new screening form.***

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| ***March*** | ***2021*** |  |  |  |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 1 | 2 | 3 | 4 | 5 | 6 |
|   |   |   |   |   |   |
| 8 | 9 | 10 | 11 | 12 | 13 |
|   |   |   |   |   |  |
| 15 | 16 | 17 | 18 | 19 | 20 |
|   |   |   |   |   |   |
| 22 | 23 | 24 | 25 | 26 | 27 |
|   |   |   |   |  |  |
| 29 | 30 | 31 |   |   |   |
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