

Daily Symptom Check – Athletics

This is a daily symptom check. Based on your responses, you will either be approved to come to school/campus, or you will be directed to follow other procedures. By completing the survey and submitting your responses, you agree that the information collected can be used by the Snohomish School District to provide a safe environment for all. The data will be used solely to determine if you should attend/come to school/campus at this time and will be kept confidential.

First Name _____ Last Name _____

Current Date _____ Time Completed _____

Do you have any of the following symptoms that are not caused by another condition?

(Please select all that apply.)

Class A (1 or more symptoms of any duration)

- Fever (defined as subjective or 100.4 F or higher)
- Chills
- Cough (new uncontrolled cough that causes difficulty breathing, for students with chronic allergic/asthmatic cough, a change in cough from baseline)
- Loss of sense of taste and/or smell
- Shortness of breath/difficulty breathing

Class B (2 or more symptoms of any duration or 1 symptom lasting 24 or more hours)

- Fatigue
- Headache
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (defined as 2 or more loose stool in 24 hours)

Symptom Free

- None of the above

Do any of the following statements apply to you? (Please select all that apply.)

- Been in close contact with someone who has tested positive for COVID-19 in the past 14 days.
- Told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection.
- Had a positive COVID-19 test for active virus in the past 10 days **or are awaiting results of a COVID-19 test.**
- None of the above.

Temperatures will be taken by staff prior to activity

Temperature: _____