DuBois Central Catholic Athletic Department Athlete and Staff COVID-19 Screening

Sport: _____

Students/Coaches should self-report as deemed necessary prior to each practice/event. Temperature may be taken from a designated trained individual as needed. The other symptoms should be marked as "N" – NO or "Y" Yes answers.

For the column - "Close Contact" - the answer should reflect the following question: Within the past 14 days, have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes, without PPE equipment.)

If any responses are "YES", students will NOT be allowed to practice or compete, and will be asked to leave school grounds. Temperatures at 100.4 or higher will be sent home.

Parents/Guardians will be notified.

Date	Temp	Fever/Chills	Cough	Sore Throat	Shortness of Breath	Vomiting	Close Contact
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**
		Y or N	**Y or N**	**Y or N**	**Y or N**	**Y or N**	**Y or N**