

****Students who are remote must bring completed COVID Self-Reporting form to their coach each day they attend****

**North Salem Central Schools Student COVID Self-Reporting Form for
Athletic Daily Attendance**

Student name: _____

Date: _____

Is the student's recorded temperature above 100.0°F? Yes No

Has this student experienced COVID-19 symptoms in the past 14 days? (The current CDC definition of symptoms includes: fever, cough, shortness of breath, or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell). Yes No

Has this student received a positive COVID-19 test in the past 14 days? Yes No

Did this student have close contact for a prolonged period of time with confirmed or suspected COVID-19 cases in the past 14 days? Yes No

Has this student traveled to a restricted state or outside of the country in the last 14 days? Yes No

If you traveled to a restricted state or out of the country in the last 14 days, where have you traveled?

By signing or initialing this, I (Parent/Guardian) am confirming the above information is accurate. X _____

**** If you have answered yes to any of these questions or if the student has traveled a restricted state or outside the country, please do not come to school and contact the school nurse. You will not be permitted to participate in athletics until cleared by the school nurse.**