

Volleyball Participation Pre-Screen

DO ANY OF THESE CONDITIONS APPLY TO YOU?

- COUGH
- SHORTNESS OF BREATH OR DIFFICULTY BREATHING
- CHILLS OR REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN (NOT RELATED TO WORKOUTS)
- HEADACHE
- SORE THROAT
- LOSS OF SENSE OF SMELL OR TASTE
- DIARRHEA
- FEELING FEVERISH OR A MEASURED TEMPERATURE GREATER THAN 100.0 ° FAHRENHEIT
- KNOWN CLOSE CONTACT WITH A PERSON WHO IS LAB CONFIRMED TO HAVE COVID-19. IF EXPOSURE TO ACTIVE CONFIRMED CASE OCCURRED WITHIN THE LAST 14 DAYS

REGRETTABLY, IF YOU DEMONSTRATE OR EXHIBIT ANY OF THE CONDITIONS ABOVE, FOR THE SAFETY OF ALL CONCERNED, YOU MAY NOT PARTICIPATE IN ANY VOLLEYBALL ACTIVITY. THIS INCLUDES PRACTICE, GAMES, OR ANY OTHER TEAM EVENT.

I AFFIRM THAT MY STUDENT DOES NOT HAVE ANY OF THESE SYMPTOMS.

ATHLETE'S NAME: _____ **DATE:** _____

PARENT SIGNATURE: _____

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