BCPS SCREENING PROCEDURE FOR COVID-19

Student Athletes should complete screening with parent or guardian prior to reporting to 1st practice. Student-Athletes will be required to answer these questions before each practice session and sign off on the attendance form to verify screening questions. The signed screening form may be reviewed by the athletic trainer and athletic director. Coaches will also take attendance at all practices.

**Screening Questions**

Name:

Sport:

Date:

Location and Time of Event:

Bus #:

If the answer is ‘Yes’ to ANY of the questions below, please stay home and seek medical attention:

* **Do you feel sick today? COVID-19 symptoms include:**
	+ Fever of 100.4 degrees Fahrenheit or higher (38 degrees Celsius)
	+ Sore throat, congestion or runny nose
	+ New onset or worsening of cough, shortness of breath or difficulty breathing
	+ New loss of taste and or smell
	+ Nausea, vomiting or diarrhea
	+ Muscle pain, chills or extreme tiredness
	+ New or severe headache
* **Are you waiting for a COVID-19 test result?**
* **Have you had recent close contact with a person diagnosed with COVID-19?**

If ‘yes’ to any question or you are concerned that you may be ill, remain home. You will not be able to practice or compete and will be asked to leave school grounds immediately. Parents/Guardians will be notified.

**I have answered no to the three questions above and feel well.**

**Student Athlete Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**