

# Daily COVID Symptom Check for CYP

## University of Rochester 2021.2022

\*\*\*\*The participant's parent/guardian must complete and sign this form DAILY and return to the coach/director of the team. If this form is not completed, they may not participate. All coaches and staff should also complete this form.

Dear Participant/Coach/Staff:

Thank you for completing this daily COVID symptom check. Please circle your responses below.

Have you taken your temperature today?                      YES                      NO

Have you knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID 19 or who has or had symptoms of COVID-19?

YES                      NO

Have you tested positive through a diagnostic test for COVID-19 in the past 10 days?

YES                      NO

Have you experienced any symptoms of COVID-19 including a temperature of greater than 100.4°F in the past 10 days?

YES                      NO

If you have traveled within the past 10 days, have you complied with requirements of the New York State Travel Advisory?

YES                      NO                      N/A

Team Name (Age Group): \_\_\_\_\_

Date of competition: \_\_\_\_\_

Participant First and Last Name: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*\*\*\*Coaches, please give these forms for your entire group to the UR staff member upon entry each day. If anyone has not completed the form, please inform them they are not allowed to participate. Thank you!