Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Filled out by screener before practice)

Within the last 72 hour period have you (or any member of your household) had:

\_\_\_\_\_ Temperature above 100°F

\_\_\_\_\_ Cough

\_\_\_\_\_ Shortness of breath or difficulty breathing

\_\_\_\_\_ Fever

\_\_\_\_\_ Chills

\_\_\_\_\_ Muscle pain

\_\_\_\_\_ Sore throat

\_\_\_\_\_ New loss of taste or smell

If you (or a member of your household) are exhibiting any symptoms, you must not enter.

If you develop any symptoms while at the pool, you must let a pool staff or a coach know and then leave the pool immediately.

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