

COVID-19 HEALTH & INFORMATION FORM

This COVID-19 Health Information Form Addresses the Student's Current/Future Health Conditions,
Informational Issues Regarding Sports in the Time of COVID-19, and Compliance with Special Safety Standards

Home Telephone:		
)- 19	Yes - □	No - 🗆
	Yes - □	No - 🗆
Breathing • Feeling Unusually Weak or lache • Runny or congested nose • Diarrhea –	Yes - 🗆	No - 🗆
0-19. There is a high probability that ss, potential inadequate ventilation, or other	Yes - □	No - 🗆
and Information Sheet, <i>which we understand</i> have no questions regarding the guidance. <u>VID-19/outdoor-indoor-recreational-sports.aspx</u>	Yes - 🗆	No - 🗆
ial distancing and other safe practices as set as from coaches or other District staff, and	Yes - □	No - □
	Yes - □	No - 🗆
, or to timely update the information and repres		
Signature D	Date	
ering. Failure to do so can (or will) result in a lal who might attend the event with me will al	me being b so comply	arred from with these
Signature D	Date	
Received by: n Office for a period of no less than one (1) year after	the date of si	ignature
	udent's Home/Residence Who has Tested 14 days? ver * Chills, Repeated Shaking/Shivering • Breathing • Feeling Unusually Weak or lache • Runny or congested nose • Diarrhea — ling). hysical contact, loss of protective equipment, 19-19. There is a high probability that ses, potential inadequate ventilation, or other I actively seek to minimize those risks for repartment of Public Health, Outdoor and and Information Sheet, **which we understand* I have no questions regarding the guidance. TD-19/outdoor-indoor-recreational-sports.asprequest a hard copy/translated version. For protective equipment), not share equipment ial distancing and other safe practices as set as from coaches or other District staff, and may safety and the safety of others. In this Form changes, including any safety or his Form, **we agree to immediately notify the* e information above is complete and accurate. To to timely update the information and repressuspension or termination from the Sport. Signature all safety standards noted above should I attendering. Failure to do so can (or will) result in the production of the second of	ver * Chills, Repeated Shaking/Shivering • Breathing • Feeling Unusually Weak or lache • Runny or congested nose • Diarrhea — ing). hysical contact, loss of protective equipment, lactively seek to minimize those risks for lepartment of Public Health, Outdoor and and Information Sheet, which we understand thave no questions regarding the guidance. VID-19/outdoor-indoor-recreational-sports.aspx equest a hard copy/translated version. To protective equipment), not share equipment ial distancing and other safe practices as set as from coaches or other District staff, and my safety and the safety of others. In this Form changes, including any safety or his Form, we agree to immediately notify the e information above is complete and accurate. We underst, or to timely update the information and representations i suspension or termination from the Sport. Signature Date Date Date