NVUSD

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

Student Name:	School:
Sport/Activity:	Home Telephone:

My Student has Previously Tested Positive for COVID-19 (i) If Yes, Describe When/By Whom:_____ (ii) If Yes, Describe Last Day of Any Symptoms _____ Any Lingering/Continuing Symptoms?_____	Yes - ☐	No - ■
Is there any Person regularly staying or living in the Student's Home/Residence Who has Tested Positive, or Shown Signs of COVID-19, within the last 14 days? If Yes, Describe Who/When:_____	Yes - ☐	No - ☐
Has the Student within the last 14 days experienced Fever * Chills, Repeated Shaking/Shivering • Cough • Sore Throat • Shortness of Breath, Difficulty Breathing • Feeling Unusually Weak or Fatigued • Loss of Taste or Smell • Muscle pain • Headache • Runny or congested nose • Diarrhea – that does not have an explanation (such as food poisoning). If Yes, Describe When/What:_____	Yes - ☐	No - ☐
The Student and I understand that Sports can involve physical contact, loss of protective equipment, or other circumstances exposing the Student to COVID-19. There is a high probability that respiratory particles ***will*** be transmitted, due to closeness, potential inadequate ventilation, or other factors. We understand and accept those risks, and will actively seek to minimize those risks for others.	Yes - ☐	No - ☐
The Student and I have each reviewed the California Department of Public Health, Outdoor and Indoor Youth and Recreational Adult Sports Guidance and Information Sheet, ***which we understand is a requirement for participation***. We understand and have no questions regarding the guidance. www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/outdoor-indoor-recreational-sports.aspx **Note**: If you cannot view the guidance online, please request a hard copy/translated version.	Yes - ☐	No - ☐
The Student agrees to wear face coverings (and/or other protective equipment), not share equipment or drinks/personal items with others, and engage in social distancing and other safe practices as set forth in the CDPH Guidelines, as well other instructions from coaches or other District staff, and District/School Policies and Procedures, to maximize my safety and the safety of others.	Yes - ☐	No - ☐
The Student and I agree that if any of the information in this Form changes, including any safety or health issues that might change after the date we sign this Form, ***we agree to immediately notify the coach and principal of the changes.***	Yes - ☐	No - ☐

By signing below, ***we*** acknowledge and agree that the information above is complete and accurate. We understand that failure to provide complete and accurate information, or to timely update the information and representations in this Form, can (or will) result in the Student's immediate suspension or termination from the Sport.

_____ _____ _____
Student Printed Name Signature Date

As the Parent/Guardian, I also agree to comply with all safety standards noted above should I attend any practice, game, parent/guardian meeting, or other Sport-related gathering. Failure to do so can (or will) result in me being barred from such events. Any other family member or individual who might attend the event with me will also comply with these requirements or they can (or will) be barred from attendance and I may also lose my privilege of participation.

_____ _____ _____
Parent/Guardian Printed Name Signature Date

_____ _____
Date Received by School: Received by:

The original of this Form will remain on File with the Main Office for a period of no less than one (1) year after the date of signature