

RT RACER Health Check (Covid-19 Screener) Spring 2021

Name of Parent: _____ Name of athlete: _____

Date of Practice or Meet: _____

Please circle your answer

- Have you experienced a fever 100.4°F or greater in the past 14 days?

YES NO

- Have you received a positive result from a COVID-19 test within the past 14 days?

YES NO

- In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that required you to quarantine?

YES NO

- In the past 14 days, have you or someone you have been in close contact with traveled to an area that required quarantine upon return?

YES NO

- In the past 14 days, have you experienced any of these symptoms that are not attributed to another health condition: cough, loss of smell or taste, diarrhea, vomiting, severe headache, runny nose, shortness of breath, or a sore throat?

YES NO

- Is someone in your household being tested for Covid-19 or has someone in your household tested positive for Covid-19?

YES NO