

Athlete's Name:	Health Self-Assessment Log
Attricte 3 Name.	riculti Scii Assessificiti Log

(Under order of the Public Health Officer, students must undergo a symptom check prior to coming to school. Please check your symptoms at home, select Y=Yes and N=No and record, except for temperature reading, record actual temperature. If you answer YES to any of the below questions or your temperature reading > 100.4 °F, under order of the Public Health Officer you must stay home. For weekends draw a line through the date. If you have questions please contact your school nurse. This log must be presented to your coach each day that you report to practice)

symptom check	Date														
COVID19 exposure in last 10 days?															
Feeling Sick?															
Temperature Reading (must be < 100.4 °F)															
Dry Cough?															
Shortness of Breath?															
New developments with skin (rash, swelling, etc.)?															
Headache?															
Sorre Throat?															
Loss of Smell or Taste															
Gastrointestinal Symptoms?															