**Adams 12 Five Star Schools | COVID-19 Student Health Self-Screening Log**

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

To use this form, take your temperature and check symptoms every day before reporting to your workout/meeting. If you have any of the symptoms below, notify your coach/sponsor to find out what to do before reporting for your workout/meeting.

|  |  |
| --- | --- |
| **DATE** | **CIRCLE Y (YES) OR N (NO) FOR SYMPTOMS** |
| **Fever 100.4° or above** | **Cough** | **Shortness of breath or difficulty breathing** | **Chills** | **Muscle aches** | **Sore throat** | **New loss of taste or smell** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |
|  | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** | **Y | N** |

