

North Salem Central Schools **SPECTATOR** COVID Self-Reporting Form for  
ATTENDANCE AT HOME ATHLETIC CONTESTS

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

Contest Attending: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read the following health screening questions and answer below.**

Do you currently have a recorded temperature above 100.0°F?

Have you experienced COVID-19 symptoms in the past 10 days? *(The current CDC definition of symptoms includes: fever, cough, shortness of breath, or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell).*

Are you awaiting the result of a COVID-19 test or have you received a positive COVID-19 test in the past 10 days?

Have you had close contact for a prolonged period of time with confirmed or suspected COVID-19 cases in the past 10 days?

In the last 10 days, have you traveled internationally (outside the United States and its domestic territories)?

**Answer to questions above:**    Yes   No

If you answer "NO" to all of these question you are cleared to attend your child's athletic contest.

If you answer "YES" to any of these questions please do not come to school and/or attend the athletic contest.

By signing or initialing this, I am confirming the above information is accurate. X \_\_\_\_\_

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