

**North Salem Central Schools SPECTATOR COVID Self-Reporting Form  
for Attendance at Home Athletic Contests**

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

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

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

Do you currently have a temperature above 100.0F?  Yes  No

Have you experienced COVID-19 symptoms in the past 14 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).  Yes  No

Have you received a positive COVID-19 test in the past 14 days?  Yes  No

Have you had close contact for a prolonged period of time with confirmed or suspected COVID-19 cases in the past 14 days?  Yes  No

In the last 14 days have you traveled outside of New York (except for Connecticut, Massachusetts, New Jersey, Pennsylvania or Vermont)?  Yes  No

If yes, speak with the school nurse so you are aware of the quarantine requirements.

**\*If you have traveled to any other State outside New York, Connecticut, Massachusetts, New Jersey, Pennsylvania, or Vermont and you were there 24 hours or less you do not need to quarantine.**

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

\*\* If you have answered yes to any of these questions you will not be permitted on school grounds.

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