

**North Salem Central Schools Student COVID Self-Reporting Form for  
DAILY ATHLETIC ATTENDANCE**

Student name: \_\_\_\_\_

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

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

Is the student's recorded temperature above 100.0°F?

Has this student 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).*

Is this student awaiting the result of a COVID-19 test or has this student received a positive COVID-19 test in the past 10 days?

Did this student have 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 your student is cleared to come into school

If you answer "YES" to any of these questions please do not have your student come to school and contact the school nurse. The school nurse can verify the quarantine and/or testing requirements.

By signing or initialing this, I (Parent/Guardian) am confirming the above information is accurate. X \_\_\_\_\_

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