

## 801 Health Check for tryouts

Do you have any of the following symptoms today?

1. Fever of 100.4 For above YES NO
2. Cough (new, undiagnosed cough) YES NO
3. Trouble breathing or shortness of breath YES NO
4. Sore throat YES NO
5. Sudden change in taste or smell YES NO
6. Muscle aches or pain YES NO

By signing below, I acknowledge I am healthy, have responded “no” to all of the questions above, will wash my hands prior to tryouts and after tryouts with soap and water, or use hand sanitizer.

Athlete Name \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_