

# Health Screening Assessment

Child's Name: \_\_\_\_\_

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

In an effort to mitigate illness in the Edgemont Soccer Club community, we ask that you check on the health of your child daily and complete this form prior to arriving at practices and games.

Please initial each question, record their temperature and indicate if your child has any symptoms. If symptoms or a temperature are observed, do not bring your child to practices or games. Please notify your coaches or the Edgemont Soccer Club of your child's symptoms immediately. Once your child has developed symptoms or tested positive for COVID-19, you must receive approval from the Edgemont Soccer Club prior to your child returning to play.

<b>Common COVID-19 Symptoms</b> (Check All That Apply)	<b><u>Please Initial</u></b>
<ul style="list-style-type: none"><li><input type="checkbox"/> Cough</li><li><input type="checkbox"/> Shortness of breath or difficulty breathing</li><li><input type="checkbox"/> Fever</li><li><input type="checkbox"/> Chills</li><li><input type="checkbox"/> Muscle pain</li><li><input type="checkbox"/> Sore throat</li><li><input type="checkbox"/> New loss of taste or smell</li><li><input type="checkbox"/> Nausea</li><li><input type="checkbox"/> Vomiting</li><li><input type="checkbox"/> Diarrhea</li><li><input type="checkbox"/> Skin rash</li><li><input type="checkbox"/> Redness of eyes</li><li><input type="checkbox"/> Loss of appetite</li><li><input type="checkbox"/> Fatigue</li><li><input type="checkbox"/> Abdominal pain</li><li><input type="checkbox"/> Other _____</li></ul> <p style="text-align: center;"><b><u>Notify DOH within 24 hours if child has temperature of 100.4°F and at least one additional symptom.</u></b></p>	<ul style="list-style-type: none"><li>• My child has not had any COVID-19 symptoms in the past 14 days. <b>Initial</b> _____</li> <li>• My child has not tested positive for COVID-19 in the past 14 days. <b>Initial</b> _____</li> <li>• My child has not had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days. <b>Initial</b> _____</li></ul>

Temperature at Home \_\_\_\_\_

Date \_\_\_\_\_

Initial \_\_\_\_\_

Parent Signature \_\_\_\_\_