Central Dauphin School District
Athlete and Staff COVID-19 Screening

APPENDIX

Approved by the CDSD Board of School Directors

Date: 6/22/2020

Name:____ Date:___________________________

Grade: ___________________ Sports: ____

Students/Coaches should self-report as deemed necessary prior to each practice/event. Temperature may be taken from a designated trained individual as needed. The other symptoms should be marked as "N" – NO or "Y" Yes answers.

For the column - "Close Contact" - the answer should reflect the following question: Within the past 14 days, have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes, without PPE equipment.)

If any responses are "YES", student will NOT be allowed to practice or compete, and will be asked to leave school grounds. Parent/Guardian will be notified.

Date	Temp	Fever/Chills	Cough	Sore Throat	Short of Breath	Loss Taste/Smell	Vomiting Diarrhea	Close Contact ***