

Upper Merion Area School District Athletics
COVID-19 Pre-Screening Form – Coach/Volunteer

Name: _____

Date: _____

Sport: _____

Please check yes or no on the following questions:

Yes ___ No ___ Did you have a temperature of 100.4 or higher prior to coming to today's event?

Yes ___ No ___ Have you or an immediate family member had a fever of 100.4 or higher in the past 14 days?

Yes ___ No ___ Have you or an immediate family member developed a dry cough or have had unusual shortness of breath?

Yes ___ No ___ Have you or an immediate family member experienced any of the following symptoms: chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, or diarrhea.

Yes ___ No ___ Have you or an immediate family member been exposed to anyone who has tested positive for COVID-19 in the past 14 days?

Yes ___ No ___ Have you traveled to the any of the following states in the last 14 days?
Alabama, Arkansas, Florida, Georgia, Idaho, Illinois, Kansas, Louisiana, Mississippi, Missouri, Nevada, North Dakota, Oklahoma, South Carolina, Tennessee.

If you answer "Yes" to any of these questions, please do not send your child to the workout or meeting. Please make the coach aware.

This form must be completed, signed and turned in to the coach prior to each workout in order for the student to participate.

Coach/Volunteer

Print Name

Signature