LAFAYETTE HIGH SCHOOL COVID-19 SCREENING FORM

Please check the appropriate answer for each question:

1. Have you traveled out of the state/Country in the last month?
   _____Yes _____No

2. Have you or do you currently have a fever >100.3 degrees?
   _____Yes _____No

3 Have you or are you currently experiencing any flu-like symptoms of:
   _____Yes _____No

   _____ Fever _____Chills _____Fatigue _____Sore throat

   _____ Cough _____Shortness of breath _____ Headache

   _____ other symptoms: Describe:_____

4. Have you ever been exposed to anyone with a confirmed positive COVID-19 test?
   _____ Yes _____No When_____

5. Current temperature taken: _____

Athletes name:_____

Date:_____