

Daily Self-Assessment

Please do at home before you come.

Do you have:

1. Loss of smell or taste, or a change in taste
2. Headache
3. Fever (or fever-like symptoms: alternating chills and sweating)
4. Cough
5. Trouble breathing or shortness of breath
6. Chills or repeated shaking with chills
7. Muscle aches
8. Sore throat
9. Diarrhea

If you have any of the above symptoms- STAY AT HOME.

If you come you will be asked to put on a mask, leave the area and call your parents. You will not return until you talk with the Athletic Trainer or school nurse.

Positive Covid-19

If you tested Positive for Covid-19, you cannot return to work until:

1. You are symptom free for 72 hours (3 days) without the use of fever reducing medications AND
2. 10 days have passed since your symptoms first appeared

Exposure to Covid-19

1. Have you been within 6 feet- for 10 minutes or more- of someone that has been tested or is scheduled to be tested for COVID-19?
2. Have you been in direct contact with the secretions (i.e. fluids from a sneeze or cough) of someone that has been tested or is scheduled to be tested for COVID-19 in the past 14 days?

If your answer is yes to either question, **please stay home.**

Travel

Have you traveled to any country, state, or location where COVID-19 has sustained widespread community transmission in the past 14 days?

If the answer is yes or you do not know if Covid -19 is widespread,

please contact Susan Stiffney at 574 533-8631.

If you have any further questions or concerns, please contact Susan Stiffney or your coach

