

## COVID-19 Day Camp Athlete Self-Screening Form

The safety of our coaches, athletes and their families is Downstate's primary concern. As the coronavirus (COVID-19) outbreak continues to evolve, and as we attempt to navigate this new normal, Downstate is monitoring the situation closely and will periodically update guidance on current recommendations from the Centers for Disease Control and NYS Department of Health.

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to everyone concerned, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the building. Thank you for your time and co-operation.

<b>Location:</b>	<b>DAC</b> _____	<b>Somers</b> _____	<b>Putnam Valley</b> _____	<b>Gold's Gym</b> _____
<b>Athlete's name (NOT parent):</b>				
<b>Your email address:</b>				
<b>Mobile phone number:</b>				
<b>Have you had a positive test for the COVID-19 Virus in the past 14 days?</b>		<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>	
<b>Are you showing any signs of one or more of the following symptoms?</b> Temperature >100.4 °F or higher, cough, shortness of breath, difficulty breathing, tiredness		<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>	
<b>Are you showing at least two of the following symptoms?</b> Fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?		<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>	

- By checking this box, you acknowledge the information provided on this form is true and correct to the best of your knowledge, for the athlete that will be attending the Downstate day camp (skills sessions).**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

