

# JORDAN DISTRICT SUMMER PROGRAMS 2020

## DAILY COVID-19 SCREENING FORM

Today's Date \_\_\_\_\_

School: \_\_\_\_\_

Organization: _____  Activity: _____  Name of Student	Circle Yes/No below															
	Fever of 100.4°F or above		Cough (new - undiagnosed)		Trouble Breathing or Shortness of Breath		Sore Throat		Diarrhea		Sudden change in taste or smell		Muscle aches or pains		Close contact, or cared for someone with COVID-19	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**CHECKLIST:**    Student symptom check complete    Coach symptom check complete    Students have washed or sanitized hands    Coach has sanitized hands    Coach wore face mask while doing symptom checks

By signing below, I hereby acknowledge that the above procedures have been followed and completed for identified students prior to participation. I also acknowledge that my own symptom checks have been completed prior to participating as a coach.

Coaches Name (please print) \_\_\_\_\_

Coaches Signature \_\_\_\_\_