Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fahrenheit

Symptoms?

Cough Yes/No

Loss of Smell Yes/No

Loss of Taste Yes/No

Difficulty Breathing Yes/No

Muscle Aches Yes/No

Sore Throat Yes/No

Feeling Ill Yes/No

Headache Yes/No

Diarrhea Yes/No

Runny Nose/Congestion Yes/No

Fatigue Yes/No

Nausea/Vomiting Yes/No

Exposure to known or

suspected COVID case in past Yes/No
72 hours

Parent/Adult Swimmer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Adult Swimmer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_