

In an effort to reduce the risk of COVID-19 exposure to the Mayer Lutheran High School community, all participants must complete the following screening questions for each day of participation. This document should be completed, signed by a parent or guardian, and brought with you to your workout/practice. **Admittance will not be permitted without this signed document.**

If you are exhibiting a fever of 100.5 or greater or have any new onset or worsening of COVID 19 symptoms (fever, cough, shortness of breath, chills, muscle pain, sore throat or new loss of taste or smell), please stay home.

Date: _____

Participant's name: _____ Parent Phone Number: _____

Activity: _____

Self-Declaration by Participant		
	YES	NO
Have you or anyone in your family traveled outside of Minnesota within the last 14 days? If yes, indicate where: _____		
**Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
**Have you experienced new onset or worsening of any COVID-19 symptoms in the last 14 days (fever, cough, shortness of breath, chills, muscle pain, sore throat or new loss of taste or smell)?		

Parent/Guardian Signature: _____

Participants answering yes to any of the above questions marked ** or registering a fever of 100.5 or higher will not be permitted access to Mayer Lutheran's campus.

For internal use:

Temperature: _____ Admitted _____ Sent Home _____

Employee name: _____

Employee signature: _____ Date: _____