



SCLP Daily Skater Health Screening Acknowledgment Form

Skater Name: _____

- I acknowledge I have prescreened my child prior to the start of the skating day.
He/She does not have any of the following symptoms:
- A temperature (100°F or greater)
 - Feel feverish or have chills
 - Cough
 - Loss of taste or smell
 - Shortness of breath/difficulty breathing
 - Fatigue/feeling of tiredness
 - Sore throat
 - Nausea, vomiting, diarrhea
 - Stomach Ache/abdominal pain
 - Muscle pain or body aches
 - Headaches
 - Nasal congestion/runny nose
- I acknowledge that none of the following are true for my skater:
- Traveled internationally to a CDC level 2 or 3 COVID-19 related travel health notice country;
 - Traveled to a state or territory on the NYS Travel Advisory list;
 - Been designated a contact of a person who tested positive for COVID-19 by a local health department.
 - In the past 10 days, your child has been tested for the virus that causes COVID-19 and received a positive test result OR is still waiting for the test results.

If your answer is YES to any of the above, your child must stay home today.

Parent Signature: _____

Date: _____



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