



COVID19 Parent/Player Pre-Practice Checklist

- 1) Complete the following checklist with your child before all team activities.
- 2) **If you answer YES to any of these questions, please keep your child home!**

☐ **In the last 48 hours has your child shown any symptoms of COVID19?**

- | | |
|--|---|
| <input type="checkbox"/> Fever (100.4+) or Chills | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> New Loss of Taste or Smell |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Congestion or Runny Nose |
| <input type="checkbox"/> Muscle or Body Aches | <input type="checkbox"/> Nausea or Vomiting |
| | <input type="checkbox"/> Diarrhea |

☐ **In the last 48 hours have any members of your household shown symptoms of COVID19?**

- | | |
|--|---|
| <input type="checkbox"/> Fever (100.4+) or Chills | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> New Loss of Taste or Smell |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Congestion or Runny Nose |
| <input type="checkbox"/> Muscle or Body Aches | <input type="checkbox"/> Nausea or Vomiting |
| | <input type="checkbox"/> Diarrhea |

☐ **In the last 48 hours, have any members of your household been in close contact with somebody who has shown symptoms of or tested positive for COVID19?**

- ☐ Close Contact= being within 6 feet of a confirmed/presumed case for 15 minutes within 48 hours prior to that person becoming symptomatic.

☐ **Are any members of your household awaiting results of a COVID19 Test or have any members of your household been in close contact with somebody in the previous 48 hours who is awaiting results of a COVID19 Test?**

- 3) If you are concerned that any members of your household may have been exposed to COVID19, keep your child home and contact your coach immediately.
- 4) If a member of your household may have been exposed to COVID19, it is important that you stay home and adhere to the quarantine guidance from the CDC and SD County Health and Human Services Agency. Links to useful resources and the most current information are listed below:

[SD COUNTY COVID19 HOME QUARANTINE GUIDANCE](#)

[CDC GUIDANCE: WHEN TO QUARANTINE](#)

WHEN YOU CAN BE AROUND OTHERS AFTER YOU HAD OR LIKELY HAD COVID19