



Vancouver Public Schools

COVID-19 Screening form and Waiver for Athletics Workout

Student Name: _____ Sport: _____
 Parent/Guardian Name: _____ Phone: _____
 Address: _____ City: _____ State: _____
 School: _____ 2020-2021 Year in School: _____
 Gender: _____ DOB: ____/____/____ Age: _____

QUESTIONS:	YES	NO
Do you have a family or household member diagnosed with the COVID-19 virus currently or in the past?		
Have you had any of the following symptoms in the past two weeks?		
• Fever		
• Cough		
• Shortness of breath or difficulty breathing		
• Shaking chills		
• Chest pain, pressure, or tightness		
• Fatigue or difficulty with exercise		
• Loss of taste or smell		
• Persistent muscle aches or pains		
• Sore throat		
• Nausea, vomiting, or diarrhea		
Do you have moderate to severe asthma, a heart condition, diabetes, or a weakened immune system?		

Have you been diagnosed or tested positive for COVID-19 infection?

Yes ____ No ____ Date of test ____/____/____

If you had COVID-19 infection,

- During the infection, did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?

Yes ____ No ____ Not Applicable _____

- Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?

Yes ____ No ____ Not Applicable _____

****Should any of your information/answers change, please notify the school's administration/coach IMMEDIATELY.***

By signing below, we also attest that the student-athlete is in good physical health and understand that for out of season activities, the school district does not provide insurance and we are participating at our own risk.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*****This form needs to be turned in to each coach the first time the student-athlete attends a workout for that sport. It will be kept on file as an agreement for participation in out of season activities.***