**Foothill League Athletic Participation Admission Ticket**

Student Name: Date:

Sport/Team:

Symptoms of COVID-19 Checklist (Check or circle Yes or No for each question)

|  |  |  |
| --- | --- | --- |
| Do you have a temperature over 100.3 degrees? | No | Yes |
| Do you have the chills? | No | Yes |
| Do you have a fever? | No | Yes |
| Do you have a cough? | No | Yes |
| Do you have a headache? | No | Yes |
| Do you have loss of taste or smell? | No | Yes |
| Do you have a sore throat? | No | Yes |
| Do you have diarrhea? | No | Yes |
| Do you have muscle pain? | No | Yes |
| Have you been vomiting? | No | Yes |
| Do you have shortness of breath? | No | Yes |
| Have you been in contact with anyone infected with COVID-19 or suspected of being infected with COVID-19? |  No | Yes |

**If you have been in close contact with someone who has or is suspected to have COVID-19, or you have checked YES to any of the above questions it is important for you to stay home, separate yourself from others, and monitor your health. Please visit County of Los Angeles Public Health’s quarantine and isolation recommendations** [**LAC | DPH | COVID-19 Isolation (Patient Information)**](http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/)

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_