T.H.S.W.P.A Reg. 5 Div. 2 & 3

Name: School:

Temperature: Meet Location:\_

By signing below, I certify that all students and staff traveling to the facility named above have been screened for Covid-19 signs and symptoms according to CDC, UIL, and TEA guidelines.

Students and Staff were screened prior to departure using checklist listed below:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Do you have a fever or above normal temperature? |  |  |
| Do you have congestion or a runny nose? |  |  |
| Do you have a cough? |  |  |
| Any shortness of breath or difficulty breathing? |  |  |
| Do you have chills? |  |  |
| Are you experiencing any repeated shaking with chills? |  |  |
| Are you experiencing fatigue? |  |  |
| Do you have muscle aches or pains? |  |  |
| Do you have a headache? |  |  |
| Do you have a sore throat? |  |  |
| Are you experiencing a loss of taste or smell? |  |  |
| Are you experiencing any nausea/vomiting? |  |  |
| Are you experiencing any diarrhea? |  |  |
| Have you been in contact with someone who has tested positive or awaiting test results for COVID-19? |  |  |

Any student or staff who answered yes or had a fever was not allowed to load the bus and was sent home immediately.

Temperatures were taken and provided above.

Signature of Superintendent or Principal

Signature of Coach Date