

MHBYF
Daily Health Self-Check

Student Name: _____
Grade: _____ Sport: _____

Please complete the Daily Health Self-Check form each day and bring it with you to practice. If you do not complete this form daily, you will not be able to attend practice. You should stay home if symptoms are present. If an athlete becomes ill during practice, he/she will be removed and sent home.

Do you have any of the following symptoms? Please check all that are present and record temperature.

- Cough
- Shortness of breath or difficulty breathing
- Fever \geq than 100.4 degrees - _____
- Chills or Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

I am self reporting that I do not have symptoms

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