



ST. RITA  
SCHOOL

AIAC Recommended Wellness Check

To be completed by the parent of the student athlete daily.

\* Required

Student Name \_\_\_\_\_

Today's Date \_\_\_\_\_

- Is the student athlete experiencing fever or chills? \* Yes or No
- Is the student athlete experiencing a cough? \* Yes or No
- Is the student athlete experiencing nasal congestion or a runny nose? \* Yes or No
- Is the student athlete experiencing a sore throat? \* Yes or No
- Is the student athlete experiencing shortness of breath or difficulty breathing? \* Yes or No
- Is the student athlete experiencing diarrhea? \* Yes or No
- Is the student athlete experiencing nausea or vomiting? \* Yes or No
- Is the student athlete experiencing fatigue? \* Yes or No
- Is the student athlete experiencing muscle or body aches? \* Yes or No
- Is the student athlete experiencing new loss of taste or smell? \* Yes or No
- Has the student athlete been in contact with someone who has tested positive for Covid-19 in the past 14 days? \* Yes or No
- Has the student athlete traveled to a state that is on the Connecticut travel advisory list within the past two weeks? \* Yes or No
- At the beginning of each athletic activity the student athlete will have his/her temperature taken and this form will be reviewed. If the student athlete has a temperature of 100.4F or higher or if any of the above questions are answered yes, the student athlete will not be able to participate and will need to be picked up by a parent/legal guardian. Do you understand? \* Yes or No

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_