

SOLVAY SCHOOLS

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SCREENING COVID-19 QUESTIONS FOR PARENTS/GUARDIANS:

- Has your child been tested for COVID-19? **YES OR** **NO**
- Has your child tested positive for COVID-19? **YES OR** **NO**

****If you answer YES to being COVID-19 positive, your child must be cleared by your primary care physician before returning to activity.****

PRINT ATHLETE NAME: _____

Parent/Guardian Signature _____

Date: _____