

COVID-19 Attestation Form

Do you have a body temperature greater than 100.4 degrees? Yes No

Are you experiencing any symptoms associated with COVID-19, including, but not limited to, fever, cough, unusual fatigue, headache, nausea, or loss of taste or smell? Yes No

Have you tested positive for COVID-19, or have fewer than 10 days elapsed from the date of the positive test result or have you experienced symptoms in the last 24 hours, whichever is later? Yes No

Have you been identified as a close contact of anyone who has tested positive for COVID-19, or are you currently subject to quarantine under federal, state or county guidelines? Yes No

If you answer Yes to any of the questions above, you are not permitted to attend the swim meet.

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