



## Covid 19 Health Screening

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

Please circle: Male/Female

Date of Birth: \_\_\_\_\_

Has your child ever tested positive for Covid 19?    YES    NO

If YES, please provide date of positive test \_\_\_\_\_

Has your child knowingly been exposed to anyone with Covid 19?            YES    NO

If YES, please provide date of exposure \_\_\_\_\_

In the past 21 days has your child had any of the following symptoms:

Fever (100 degrees or higher)            YES    NO

Shortness of breath                        YES    NO

Cough                                        YES    NO

Does your child have any pre-existing conditions that could affect their bodies ability to fight off a virus? \_\_\_\_\_

Is your child currently in good health and fit to participate in a tennis program?    YES    NO

By signing below you are confirming the following:

- 1) That your child is currently in good health and able to participate in our tennis program.
- 2) Smith Stearns will closely follow all guidelines required by local governmental/health authorities for Covid 19 and have also developed our own On-Court and Housing guidelines preventing virus transmission and the overall health of our students, but you are assuming the risk that there is always a chance of virus transmission in any activity or place you travel to and that Smith Stearns will not be held responsible. - For up to date information on South Carolina and Beaufort County Covid 19 cases please visit <https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19>
- 3) That you will temperature check your child for a fever the day they leave to attend Smith Stearns Tennis Academy.

- 4) That you have read the Smith Stearns Covid 19 Guidelines and understand what is expected of your child during his/her stay at the academy.
- 5) Smith Stearns reserves the right to deny anyone's acceptance into our tennis program if we feel there is a risk for that individual or that they could put another student or staff member at risk.
- 6) If any information on this Health Screening Form changes prior to a student's arrival, the academy must be notified immediately and a new form must be completed.

Name of Parent \_\_\_\_\_ Name of Student(s) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_