OISRA Activity Attendance Roster during Covid-19 Pandemic

Date_____ Page _____ of _____

Name	Do you/your child meet the ***health requirements** for attending ski team during the pandemic?	Temp. (Optional)	Check when Leave Activity

***Health requirements:**

Do not currently have fever (100.4° F), shortness of breath, difficult breathing, a persistent cough, sore throat, chills, undiagnosed rash or sores, new loss of taste/smell, nausea, diarrhea, vomiting.

If have been sick and have tested negative for COVID-19, have WRITTEN proof of negative test and do not have symptoms (no fever without medication for 24 hours or diarrhea or vomiting for 48 hours).

If have been in close contact with a positive COVID-19 case, have quarantined for 14 days and have also tested negative for COVID-19. Have WRITTEN proof of negative test and do not have symptoms (no fever without medication for 24 hours or diarrhea or vomiting for 48 hours).

If have tested positive for COVID-19, have WRITTEN medical permission to return to intense exercise.