

# Katy Aquatics Safe Practices Form

Please wait to answer these questions the day of your practice. Only forms sent on the day of practice will be seen.

Required

1.What is your First Name and Last Name?

2.What group are you in?

3.Who is your coach?

4.Are you feeling ill? Do you have any of the following symptoms of COVID 19 :

Cough, Shortness of breath or difficulty breathing, or any 2 of the following:

Fever, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat,

New loss of taste or smell?

☐ Yes

☐ No

5.Did you have a fever over 100 degrees Fahrenheit within the past 3 days?

☐ Yes

☐ No

6.Have you or someone you have been in contact with experienced symptoms of COVID-19?

☐ Yes

☐ No

7.Have you or someone you have been in contact with tested positive for COVID-19?

☐ Yes

☐ No

8.Have you or someone you have been in contact with traveled internationally recently?

☐ Yes

☐ No

9.Have you taken medication today that may mask symptoms of COVID 19 (i.e. a medication that reduces fevers or suppresses coughs)?

☐ Yes

☐ No