

COVID-19 ADDENDUM – HEALTH ASSESSMENT

A healthy facility starts at home. When you stay at home at the first signs and symptoms of a communicable illness you are protecting yourself from additional health challenges. You are also helping to protect other athletes/staff from exposure to other individuals. The goal is for individuals to arrive well rested, healthy and illness free to practice. We will continue to take athletes/staff temperature upon arrival, provide sanitation of shoes and hands upon entrance and have sanitation stations for athletes before/during/after practices. We will conduct continuous sanitation of the facility. Athletes will be monitored by staff throughout practices/classes to watch for signs of illness or if a child feels ill they should approach a staff member immediately. We will also continue to follow regulations implemented by the CDC, USAG, USASF and State/County orders; reminding that these orders can change. We require all athletes/staff and team members to complete and return this assessment to our office and to continue self-monitoring at home before each practice or class schedule.

Athlete/Staff Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Please take the time to read this in its entirety; understand before signing that it is the responsibility of the family/individual to review each question and then take any necessary action if applicable.

- Have you traveled outside the United States within the last fourteen (14) days?
- Have you traveled outside the DMV area to any known COVID 19 hotspots within the last fourteen (14) days?
- Have you tested positive or had contact with anyone who has tested positive for COVID 19 within the last fourteen (14) days?
- Have you had any of these symptoms within the last fourteen (14) days: fever greater than 100.4 degrees, shortness of breath, or a cough?
- Do you have any pre-existing conditions, such as cardiovascular disease, respiratory disease, diabetes, or a compromised immune system that may increase the risk of a severe illness?

If you answer yes to any of the above questions then it is your duty to take steps to keep your child/yourself at home and further assess their/your health; and if necessary ask your family doctor for advice on what your next step should be.

I have read and agree to the Unique Sports Academy/CEA Maryland COVID-19 Safety Plan and Policies. I understand the Assessment Questionnaire and agree to perform assessments at home each day before athlete/adult athlete/staff arrives for practice/class at Unique Sports Academy/CEA Maryland to help avoid the spread of COVID-19.

Parent/Adult Athlete/Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_