



Monroe Youth Football
Daily Covid-19 Attestation Form

Date: _____

Temp: _____ Int: _____

Athlete/Coach (circle One)

Name:(first & last) _____

Best contact number for today: _____

Have you/your child had any of the following symptoms in the last 14 days that are not caused by another condition: *Fever of 100.4 or higher, cough, shortness of breath, unusual fatigue, muscle/body aches, headache, recent loss of smell/taste, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?*

Yes No

Have you/your child taken any medication to reduce fever today?

Yes No

Within the last 14 days, have you/your child been diagnosed or tested positive for Covid-19 infection?

Yes No

Within the last 14 days, have you/your child been exposed to anyone who has tested positive for Covid-19 infection?

Yes No

By entering your name below, you are confirming that you have truthfully completed this form to the best of your knowledge.

Signature: _____

Print: _____