



Johnston Parks and Recreation

Self-Attestation Form for Return to Youth Basketball

Individual's name: _____

Date(s) of absence: _____

Check all symptoms that you/your child had:

Symptom	Qualifications to Return
Cough (new)	**If an individual has any <u>one</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Shortness of breath	
Difficulty breathing	
New loss of taste or smell	
Fever (100.4°F or higher) or chills (rigors)	**If an individual has any <u>two</u> of these symptoms, there is a probable case of COVID. A test is required and the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Muscle or body aches (myalgia's)	
Headaches	
Sore throat	
Fatigue	**If an individual has only <u>one</u> of these symptoms, there is not a probable case of COVID. A test is not required but the individual must meet the clearance protocol listed in JRD's COVID-19 Illness Policy.
Congestion or runny nose (new)	
Nausea or vomiting	
Diarrhea	

Date of first symptom(s): _____ Date symptom(s) ended: _____

Did you or your child have a COVID-19 test during this absence?

No

If no, why not? _____

Yes

Date of test: _____ Location of test: _____

Test result: _____

If positive result, isolation end date: _____

I attest that I am/my child is ready to return to JRD's Youth Basketball Program and has:

- Not had a fever (temperature higher than 100.4°F) in the last 24 hours;
- Not taken any medicine for fever in the last 24 hours; AND
- Improved symptoms and is back to usual health

Participant/Attendee's Name (Printed)

Associated Basketball Team

Parent/Guardian/Attendee's Signature

Date