

**My Mobile Soccer Academy (KidsAfrik Inc.)**  
**COVID-19 Daily Pre-Screening Camp Monitoring Form**

Please complete this form and print it out to hand in at check-in on the first day. Please monitor your child daily. This form is intended for self-monitoring of COVID-19 symptoms. If you show any of the below symptoms, please immediately contact our staff (413-275-4300)

<b>Symptoms</b>	<b>Yes</b>	<b>No</b>
<b>Fever or Chills</b>		
<b>Cough</b>		
<b>Nasal Congestion or Runny Nose</b>		
<b>Sore Throat</b>		
<b>Shortness of Breath or Difficulty Breathing</b>		
<b>Diarrhea</b>		
<b>Nausea or Vomiting</b>		
<b>Fatigue</b>		
<b>Headache</b>		
<b>Muscle or Body Ache</b>		
<b>New Loss of Taste or Smell</b>		
<b>Temperature (Higher than 100.3)</b>		

Participant Name: \_\_\_\_\_

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

Camp Location: \_\_\_\_\_