

CLAREMONT RUNNING TEAM

RUNNER/VOLUNTEER DAILY HEALTH CERTIFICATE

(To be placed in Team Box upon arrival at any sports facility)

Runner/Volunteer Name: _____

I have checked the Runner/Volunteer prior to arrival, and he/she has been found to be (check all that apply):

No Temperature/fever

No Cough

No Cough

No Difficulty breathing

No Fever or chills.

No contact with a person known or suspected to be infected with the Novel Coronavirus (COVID-19) within the last 14 days.

Runners/Volunteers with any of the conditions above, are not allowed to participate or observe CRT events/activities, and should seek appropriate medical advice.

X _____

Signature (Parents sign for youth)

Date

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