OSC Swimmer Health Screening Checklist

(To be completed by Parent/Guardian 24–48 hours before travel meet)

Swimmer Name: _____

Meet Location/Dates: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Number of family members attending with swimmer: _____

Health Screening

(Please check “Yes” or “No” for each item)

- [ ] Yes [ ] No Fever (temperature of 38°C / 100.4°F or higher in past 24 hours)
- [ ] Yes [ ] No Cough, sore throat, or difficulty breathing
- [ ] Yes [ ] No Vomiting, diarrhea, or stomach upset in the past 24 hours
- [ ] Yes [ ] No Missed any practices during travel week due to illness
- [ ] Yes [ ] No Unexplained rash or skin infection
- [ ] Yes [ ] No Red or irritated eyes with discharge
- [ ] Yes [ ] No Recent exposure to contagious illness (e.g., flu, strep, COVID, etc.)
- [ ] Yes [ ] No Currently taking medication (please list below)
- [ ] Yes [ ] No Other health concerns (please describe below)

Medications / Health Notes

_____

_____

_____

Parent/Guardian Declaration

I confirm that my child is healthy to travel and compete. I have disclosed all current health concerns, medications, and relevant information to the coaching staff.

Parent/Guardian Signature: _____ Date: _____

For Team Use Only

[ ] Cleared for travel

[ ] Follow-up required by coach/medical staff