

## COVID-19 SCREENING FORM FOR ATHLETICS & ACTIVITIES

**Please complete this form to assess your potential exposure to or diagnosis of COVID-19 or other illnesses.**

Student Name: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

2020-21 Year in School: \_\_\_\_\_

Gender: ( ) Male ( ) Female

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

| Question   | YES | NO |
|--|-----|----|
| Do you have a family or household member diagnosed with the COVID-19 virus currently or in the past? |     |    |
| Have you had any of the following symptoms in the past two weeks?                                    |     |    |
| • Fever  |     |    |
| • Cough  |     |    |
| • Shortness of breath or difficulty breathing  |     |    |
| • Shaking chills   |     |    |
| • Chest pain, pressure, or tightness   |     |    |
| • Fatigue or difficulty with exercise  |     |    |
| • Loss of taste or smell   |     |    |
| • Persistent muscle aches or pains   |     |    |
| • Sore Throat  |     |    |
| • Nausea, vomiting, or diarrhea  |     |    |
| Do you have moderate to severe asthma, a heart condition, diabetes, or a weakened immune system?     |     |    |

Have you been diagnosed or tested positive for COVID-19 infection?

( ) YES ( ) NO DATE OF TEST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you had COVID-19 infection,

- During the infection, did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?

( ) YES ( ) NO

- Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?

( ) YES ( ) NO

***\*Should any of your information/answers change, please notify the school's administration IMMEDIATELY.***

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

