

## COVID-19 Pre-Participation Health Questionnaire

All students wishing to be involved in athletics must complete and return this form before being allowed to participate in ANY organized activity. It is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Answering the questions listed below will provide information to evaluate all participants for a safe return to athletics.

<b>Name</b>		
<b>Sport</b>		
<b>COVID-19 Health Questionnaire</b>		
<b>Please circle YES or NO</b>		
<b>Do you have any the following symptoms?</b>		
YES	NO	A fever (100.4° or higher) or chills
YES	NO	New cough (unrelated to allergies)
YES	NO	New shortness of breath or difficulty breathing
YES	NO	New loss of taste or smell
YES	NO	Nausea, vomiting or diarrhea
YES	NO	Sore throat
YES	NO	Have you had close contact (within 6 ft. for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider advised you to quarantine?
YES	NO	Have you been diagnosed with COVID-19? If so, when?
YES	NO	Fatigue
YES	NO	Heart: racing, skipping beats, fluttering
YES	NO	Unusual dizziness, particularly with exercise

**By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.**

Signature of student-athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the participant answered "Yes" to any of the questions above, they CANNOT participate in any further school-related athletics until they have been cleared by a physician with a note stating either that symptoms are not related to COVID-19 or that they do not need to be tested.

\*\*Exception: If the participant answered "Yes" ONLY to "Close Contact with someone with COVID-19", in accordance with CDC, the participant should quarantine for 14 days. Physician's clearance is not required.\*\*

\*\*Students who answer that they have previously tested positive must submit a completed [Return to Play form](#)

\*\*\*If at any time during a 14-day quarantine the participant develops COVID-19 symptoms, in order to return to school-related athletics, the participant must be cleared by a physician.\*\*\*