



## Participant Self-Assessment Health Questionnaire for Wellness Screen Related to COVID-19

Mission Volleyball is committed to the safety of employees, customers, and community during the COVID-19 pandemic. Employees and customers will be required to self-assess using these questions each day prior to coming on-site. If the answer is “yes” to any question, (which pertains to you or the child in your care participating in a Mission Activity) please do not come on-site to prevent the spread of illness. Additionally, participants should notify the club director of their absence and the reason for the absence.

The symptoms listed below are those currently provided by the CDC as signs or symptoms associated with the COVID-19 disease.

- Do you have a fever of 100.4 degrees Fahrenheit or higher?
- Do you have a cough?
- Do you have a sore throat?
- Have you been experiencing difficulty breathing or a shortness of breath?
- Do you have muscle aches?
- Have you had a new or unusual headache (e.g., not typical to the individual)?
- Have you noticed a new loss of taste or loss of smell?
- Have you been experiencing chills or rigors (i.e., a sudden feeling of cold with shivering accompanied by a rise in temperature)?
- Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?
- Have you tested positive for COVID-19 in the last 14 day?
- Is anyone in your household displaying any symptoms (as listed above) of COVID-19?
- To the best of your knowledge, in the last 14 days, have you come into close contact with anyone who has tested positive for or been diagnosed with COVID-19?

By coming to Mission Volleyball practices/activities, you acknowledge that you have in fact conducted this self-assessment for yourself and/or the child(ren) in your care and the results are true and accurate to the best of your current knowledge.