

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.

Name		
Sport		
COVID-19 Health Questionnaire		
Please circle YES or NO		
Do you have any the following symptoms?		
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: _____

Individuals answering "YES" to any of the above listed symptoms/questions are required to obtain in writing a statement from the Doctor, Physician Assistant, or Nurse Practitioner who oversaw your COVID-19 care and is releasing you to resume full participation in athletics.