

Appleton North Girls Basketball Club

COVID-19 Screening Questions

***MONITOR YOUR DAUGHTER BY ANSWERING THESE QUESTIONS
BEFORE SENDING HER TO AN ANGBC EVENT***

- 1. Do you have any of these symptoms that are not caused by another condition?**
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. Recent loss of taste or smell
 - h. Sore throat
 - i. Congestion
 - j. Nausea or vomiting
 - k. Diarrhea

- 2. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms?** Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).

- 3. Have you had a positive COVID-19 test in the past 10 days?**

- 4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?**

***If you've answered YES to any of the above questions
you must leave and contact ANGBC Board President
Amanda Werfal at (920) 915-3111.***