



COVID-19 Pre-Screen Questionnaire

Pre-Screen Questions

Athletes and staff are to complete a pre-screen questionnaire as shown below.

Note that information about COVID-19 is still evolving and changing rapidly. The symptoms and questions below are subject to change at any time.

Anyone indicating experiencing COVID-19 symptoms should immediately be instructed to call the local COVID-19 hotline for testing instructions, or contact their personal health care provider, and club protocol should be followed to follow up with them.

Name _____

Email _____

Phone _____

Please Circle YES or NO below to questions

- Have you experienced any COVID symptoms in the last 14 days (e.g. cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste or smell, vomiting, nausea, diarrhea) YES or NO
- Have you had contact with persons displaying COVID symptoms in the last 14 days? YES or NO
- Have you traveled out of region* in the last 14 days? YES or NO

*Depending on your location 'region' could mean county, a group of counties, state or other based on your state/county health order.