

## STUDENT-ATHLETE DAILY/WEEKLY COVID-19 SCREENING

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_Male \_\_\_Female Sport: \_\_\_\_\_

**Complete these questions daily.**

Are you currently free from illness? \_\_\_Yes \_\_\_No

During your time away from Pelican Rapids High School, did you experience, or are you currently experiencing any of the following:

Symptom	Yes	No	Length of Symptom	Explanation
Fever	M T W T H F	M T W T H F		
Body Chills	M T W T H F	M T W T H F		
Extreme Level of Fatigue	M T W T H F	M T W T H F		
Cough	M T W T H F	M T W T H F		
Pain/Difficulty Breathing	M T W T H F	M T W T H F		
Shortness of Breath	M T W T H F	M T W T H F		
Sore Throat	M T W T H F	M T W T H F		
Body/Muscle Aches	M T W T H F	M T W T H F		
Loss of Taste	M T W T H F	M T W T H F		
Loss of Smell	M T W T H F	M T W T H F		
Eye Discharge/Vision Issues	M T W T H F	M T W T H F		

Question	Yes	No
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?	M T W T H F	M T W T H F
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading?	M T W T H F	M T W T H F
Have you had any direct contact with someone that has a suspected of lab confirmed case of COVID-19?	M T W T H F	M T W T H F
During your time away from Breckenridge High School, did you self-quarantine due to suspected symptoms or exposure of COVID-19?	M T W T H F	M T W T H F
During your time away from Breckenridge High School, have you been living in and area reported to have increased numbers of COVID-19?	M T W T H F	M T W T H F

**Complete these questions once.**

Have you previously been or are you currently diagnosed with COVID-19?

\_\_\_Yes \_\_\_No Date of Diagnosis: \_\_\_/\_\_\_/\_\_\_

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

\_\_\_Yes \_\_\_No Physician Name: \_\_\_\_\_

Physician Location: \_\_\_\_\_

List of countries/cities/states you have travelled to since March 16, 2020 and dates you were there:

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_