Henderson County Public Schools

Student-Athlete and Coach Pre-Participation COVID-19 Screening

Name: _____ Grade: _____

School: _____ Gender: _____

D.O.B: _____ Sport(s): _____

**This form must be completed and turned into the Athletic Trainer prior to participating in any school-sponsored workouts, practices, or competitions.**

| **Screening Questions** | | |
|---|---|---|
| Q l. | Have you or someone within your family tested positive for Covid-19 or been told by a healthcare professional to quarantine due to Covid-19? | No ☐ **Yes** ☐ |
| Q 2. | Have you had close contact with a person with Covid-19? | No ☐ **Yes** ☐ |
| Q 3. | Have you had a fever greater than 100 in the last 7 days? | No ☐ **Yes** ☐ |
| Q 4. | Do you have a cough, chest pain, or shortness of breath? | No ☐ **Yes** ☐ |
| Q 5. | Do you have a loss of taste, smell, or appetite? | No ☐ **Yes** ☐ |
| Q 6. | Do you have unexplained fatigue? | No ☐ **Yes** ☐ |
| Q 7. | Do you have nausea/vomiting or diarrhea? | No ☐ **Yes** ☐ |
| Q 8. | Do you have a headache or dizziness? | No ☐ **Yes** ☐ |
| Q 9. | Do you have ear infection symptoms? | No ☐ **Yes** ☐ |
| Q lO. | Do you have any flu-like symptoms? i.e. chills, sore throat, muscle aches | No ☐ **Yes** ☐ |
| Q ll. | Do you have any sinus congestion or a runny nose unrelated to seasonal allergies? | No ☐ **Yes** ☐ |
| Q l2. | Does your heart race, feel like it is skipping beats or fluttering? | No ☐ **Yes** ☐ |
| **If the participant answered "Yes" to any of the questions above please explain in detail when symptoms started and currently what they are experiencing 2. (i.e. QS. 6/2/20 daily headaches )** | | |
| | | |
| | | |
| **Medical History** | | |
| **Please select below any of the conditions that apply to the participant.** | | |
| Asthma ☐ \| Diabetes ☐ \| Heart Condition ☐ \| Kidney Disease ☐ | | |
| Weakened Immune System ☐ \| Obesity ☐ | | |
| **Please explain in detail any conditions checked above.** | | |
| | | |
| | | |

***By signing below, I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge.***

Signature of parent/legal custodian or self: _____

Date: _____ Phone: _____

Signature of athlete: _____ Date: _____