

COVID-19 Return to Sport and Activities Guidelines

Highline Public Schools Athletics



RETURN THIS FORM to the Building Athletic Director

COVID-19 Pre-Participation Questionnaire - 1 Time/ Reg

Student Name: _____ Date of Birth: _____ Sex: M F
School: _____ Grade: _____ School Year: _____
Name of Person Completing the form: _____ Relationship to student: _____

1) *Has the student athlete ever had any of the following symptoms within the **past 2 weeks**?*

- | | | |
|--|------------------------------|-----------------------------|
| a. Fever | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Cough | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Shortness of breath or difficulty breathing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Shaking or chills | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Chest pain, pressure or tightness | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Fatigue or difficulty with exercise | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Loss of taste or smell | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Persistent muscle aches or pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Sore throat | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Nausea, vomiting or diarrhea | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

2) *Does the student athlete have a family or household member with a current or past diagnosis of COVID-19?*

YES NO

3) *Does the student athlete have moderate to severe asthma, a heart condition, diabetes, pre-existing kidney disease, or a weakened immune system?*

YES NO

4) *Has the student athlete been diagnosed or tested positive for COVID-19 infection?*

YES NO

5) *If the student athlete has had COVID-19:*

- | | | |
|---|------------------------------|-----------------------------|
| a. During the infection did the student athlete suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Since the infection, has the student athlete experienced any new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

By signing below, I affirm that the above form has been truthfully completed. I recognize that until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of fatal infection. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed or infected by COVID-19 by participating in HPS Athletics and that such exposure or infection may result in personal injury, illness, permanent disability or death.

Parent/Guardian Signature: _____ Date: _____

References:

Korey Stringer Institute - Return to Sports and Exercise During the COVID-19 Pandemic: Guidance for High School and Collegiate Athletic Programs
NFHS Guidance for Opening Up High School Athletics and Activities