

Initial Screening Questions for Students to Participate in Activity During COVID-19

During this time the health and safety of our students is vital. Therefore, we are requiring that all students wishing to be involved in on campus activities complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to campus, while helping prevent other students and educators from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire group of students

Name		
Grade		
For the questions below, please circle yes or no		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
Today or in the past 2 weeks have you had any of the following symptoms:		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

06/08/20 -modified from NCHSAA athletic screening form