

SBISD ATHLETIC FACILITIES GAME DAY COVID-19 SCREENING

PLEASE READ EACH QUESTION CAREFULLY

**CIRCLE THE
ANSWER THAT
APPLIES TO YOU**

Have you experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

YES

NO

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?

YES

NO

Are you isolating or quarantining because you have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

YES

NO

Are you currently waiting on the results of a COVID-19 test?

YES

NO

Did you answer NO to ALL QUESTIONS?

Access to facilities is **APPROVED**. Please turn this into game day administrator. Thank you for helping us protect you and others during this time.

Did you answer YES to ANY QUESTION?

Access to facilities **NOT APPROVED**. You will not be able to enter our facilities. Thank you for helping up protect you and others during this time.

Printed Name: _____

Signature: _____

