

## Screening Questionnaire

**Objective:** To minimize any impact to athletes during the response to the current COVID-19 Health Emergency, the following screening questions are necessary.

### Instructions

**Parents:** Screen all athletes and prohibit participation for those that answer “yes” to ANY of the following questions for 14 days.

1. Have you returned from international travel or been on a cruise within the last 14 days?
2. Have you been in contact with anyone who has returned from international travel or been on a cruise within the last 14 days?
3. Have you had direct contact with someone who has a confirmed case of COVID-19 or is under investigation for possible COVID-19 infection within the last 14 days?
4. Have you traveled to an area known to have high numbers of positive cases of COVID-19 within the last 14 days?
5. Have you experienced signs or symptoms of COVID-19 such as fever, cough or shortness of breath within the last 14 days?

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I give my permission for my athlete to participate in summer workouts. I agree to check him/her daily for any symptoms and will keep them home and notify the coach as soon as possible should symptoms develop.

Athlete Name: \_\_\_\_\_  
(Print)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_