

COVID-19 Daily Athlete/Staff Pre-Screening

Date _____	Name									
1. Do you have current symptoms of COVID-19, such as:										
a. a fever,	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
b. a new or changed chronic cough,	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
c. a sore throat that is not related to a known or preexisting condition	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
d. a runny nose that is not related to a known or preexisting condition	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
e. Nasal congestion that is not related to a known or preexisting condition	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
f. Shortness of breath that is not related to a known or preexisting condition	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
2. Have you traveled internationally within the last 14 days?	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
3. Have you had unprotected close contact with individuals who have a confirmed or presumptive diagnosis of COVID-19 (e.e. individuals exposed without appropriate PPE in use)?	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__