

COVID-19 ACTIVE SCREENING QUESTIONNAIRE

To be completed the day of the event by parent or participant

10-1-20 Revision

NAME _____

UNIT _____

- Within the last 14 days, have you experienced a new cough that you cannot attribute to another health condition?

YES

NO

- Within the last 14 days, have you experienced a new shortness of breath that you cannot attribute to another health condition?

YES

NO

- Within the last 14 days, have you experienced a new sore throat that you cannot attribute to another health condition?

YES

NO

- Within the last 14 days, have you experienced a new loss of taste or smell?

YES

NO

- Within the last 14 days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

YES

NO

- With the last 14 days, have you had a temperature at or above 100.4 or the sense of having a fever?

YES

NO

- Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? *(Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

YES

NO

IF AN ATTENDEE ANSWERS YES TO ANY QUESTION THEY CANNOT ATTEND THE EVENT!

Temperature @ event _____

Date/Time _____

Initials _____

We will hold this document for 30 days and then destroy it

Two Rivers District