



# Health Screening Questionnaire for Student Activity

This form to be completed EACH DAY prior to coming to activity.

Date:

Student Name:

Activity:

Question	Indicate your response.			
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In the past 14 days, have you had known close contact with any person with a lab confirmed case of COVID-19?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you or anyone in your household have any of the following new or worsening signs or symptoms of possible COVID-19: <ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Chills</li> <li>• Repeated shaking with chills</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Sore throat</li> <li>• Loss of taste or smell</li> <li>• Diarrhea</li> <li>• Feeling feverish or a measured temperature greater than or equal to 100.0 degrees F</li> </ul>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**If you answered YES to either of the above questions, activity is RESTRICTED.**

Stay home and contact your Activity Sponsor/Coach.

- A If you have had **known close contact** with a person who is lab-confirmed to have COVID-19, you cannot return to campus/activity until the end of a 14 day self-quarantine period from the last date of exposure.
- B **If diagnosed with COVID19**, you cannot return to activity until ALL three (3) of the following criteria have been met:
  1. Fever-free for at least 72 hours (without fever-reducing medicine)
  2. Improvement in respiratory symptoms (cough, shortness of breath)
  3. At least 10 days have passed since symptoms first appeared
- C If you have any of the above **signs or symptoms** that could be COVID-19, it is assumed that you have COVID-19 and you have two options:
  1. Complete the same three-step return to activity criteria described in (B) above; OR
  2. Obtain and present a medical professional's note clearing you for return to work based on an alternative diagnosis.

**If you answered NO to both the above questions, Activity is PERMITTED; use caution.** Persons at high risk for infection should follow the advice and recommendation of their physician. When coming to activity, practice cough/sneeze etiquette, 6 foot physical distancing, and wash/ sanitize hands frequently. Cloth face coverings are encouraged. If social distancing of 6 feet cannot be maintained, face coverings are required except while doing an activity where the mask cannot be worn. Face coverings do not apply to students under five years of age or for some students with disabilities.

I certify that to the best of my knowledge, my responses to the above questions are true.

Student Signature:

Date:

Parent Signature:

Date:

*\*If in-person activity is permitted, the signed document must be provided to the activity sponsor/coach before participating each day.*