



McMullen County Athletic Wellness Survey for School Visit



****Must have complete upon arrival at the school Gym.****

Have you recently begun any of the following symptoms?

- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees
- Loss of taste or smell
- Cough (For students with a chronic allergic/asthmatic cough, a change in their cough from baseline)
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

NO_____

YES_____

Signature_____

Date_____