

SHS Athlete Daily COVID-19 Pre-Screening Questionnaire

To participate in practice during the season, each student must complete this form daily before arriving for every practice. Fill out the form at home and bring it with you to your practice. If you don't have a completed form you will not be able to stay for practice. Forms will not be available prior to practice.

1. Name of Student: _____ Grade: _____ Date: _____

2. Fall sport you are participating in: _____

3. Parent/Guardian Name: _____ Their Cell: _____

4. Are you experiencing any of the following symptoms? Please circle "Yes" or "No"

- a. **Fever ($\geq 100.4^{\circ}\text{F}$)** Yes / No
- b. **Cough or shortness of breath** Yes / No
- c. **Sore Throat** Yes / No
- d. **Chills or repeated shaking** Yes / No
- e. **Muscle aches** Yes / No
- f. **Headache** Yes / No
- g. **New loss of taste or smell** Yes / No
- h. **Abdominal pain** Yes / No
- i. **Nausea** Yes / No
- j. **Vomiting** Yes / No
- k. **Diarrhea** Yes / No

5. Have you had close contact with someone who is currently sick? Yes / No

6. Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have COVID-19? Yes / No

7. Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days? Yes / No

8. Have you traveled outside of NEW JERSEY in the last 14 days? Yes / No If Yes, what state: _____

9. You are required to take your temperature prior to coming to practice. What is your current temperature: _____

IF YOU ANSWER "YES" TO ANY QUESTION AND/OR YOUR TEMPERATURE IS $\geq 100.4^{\circ}\text{F}$ YOU WILL NOT BE PERMITTED TO PARTICIPATE AND SHOULD CONSULT YOUR PHYSICIAN. DO NOT GO TO PRACTICE