**INSTITUTION Athletic Training Department**

**Student-Athlete COVID-19 Pre-Participation Questionnaire**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First Middle**

INSTITUTION ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

 **(MM/DD/YYYY)**

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: ▢ Male ▢ Female Sport(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.**

Are you currently free from illness? ▢ Yes ▢ No **Current Temperature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**°F**

Do you have a history of pneumonia? ▢ Yes ▢ No Current Occupation/ Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During your time away from INSTITUTION, did you experience, or are you currently experiencing any of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SYMPTOM** | **YES** | **NO** | **LENGTH OF SYMPTOM** | **EXPLANATION** |
| Fever |  |  |  |  |
| Body Chills |  |  |  |  |
| Extreme Level of Fatigue |  |  |  |  |
| Cough |  |  |  |  |
| Pain / Difficulty Breathing |  |  |  |  |
| Shortness of Breath |  |  |  |  |
| Sore Throat |  |  |  |  |
| Body / Muscle Aches |  |  |  |  |
| Loss of Taste |  |  |  |  |
| Loss of Smell |  |  |  |  |
| Changes to Vision / Eye Discharge |  |  |  |  |
| Diarrhea |  |  |  |  |
| Unexplained headache |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YES** | **NO** |
| 2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19? |  |  |
| Have you been around anyone who has been sick? |  |  |
| Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")? |  |  |
| Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19? |  |  |
| During your time away from INSTITUTION, did you self-quarantine due to suspected symptoms or exposure of COVID-19? |  |  |
| During your time away from INSTITUTION have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")? |  |  |

Have you previously been or are you currently diagnosed with COVID-19?

▢ YES ▢ NO DATE OF DIAGNOSIS: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

 ▢ YES ▢ NO PHYSICIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHYSICIAN LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

|  |  |  |
| --- | --- | --- |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Dates: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Dates: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **ASSUMPTION OF RISK**

I understand that those participating in intercollegiate athletics, physical education activity classes, and/or conditioning classes are at a higher risk of exposure to the COVID-19 virus; due to the lack of social distancing, shared equipment, and ventilation. In order to participate in intercollegiate athletics, physical education activity classes, and conditioning classes, student-athletes are required to read and sign the following assumption of risk and waiver.

1. **I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization3.**
2. **I understand that by participating in sports/conditioning classes and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.**
3. **I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games4.**
4. **I understand that while every attempt is made to minimize chances of exposure there are no guarantees that can be made.**

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to follow the recommendations of the CDC which include:

* **Proper general hygiene**
* **Proper handwashing techniques**
* **Use of hand sanitizer when handwashing is unavailable**
* **Proper use of personal protective equipment (gloves, masks, and/or eye protection)**
* **Not sharing any personal items (towels, soap, brushes, clothes, water bottles, make up, lip balm, etc.).**

I voluntarily agree to assume all risks and accept sole responsibility for any injury to myself. I hereby release, covenant no to sue, discharge, and hold harmless INSTITUTION, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers (“Releasees”), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death; arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

 **ACKNOWLEDGEMENT**

In the interest of health and public safety during the COVID-19 pandemic, I acknowledge that I have truthfully and accurately disclosed the above information regarding my health status, including any symptoms and exposure to COVID-19 in order for INSTITUTION to evaluate before allowing my return to campus. I further acknowledge that, if additional evaluation or assessment is required and requested by INSTITUTION, I hereby consent and will cooperate.

In addition, if any of the symptoms mentioned above appear after I am allowed to return to campus, I agree to stay at home and to immediately report my change in status to INSTITUTION and to complete a new Assessment, Acknowledgement and Consent form for approval before returning to campus.  At all times while on campus, I agree to follow all safety protocols and social distancing guidelines established by INSTITUTION, the City of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ County, and the State of California.

Student--Athlete Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature may be that of a student or athlete over 18 years of age.

**If under 18**, this form must be signed by the Parent or Guardian.