

PHS ATHLETICS COVID-19 Screening Application – 2020-21

Please respond to the following questions based on your current health status, reporting symptoms that are over and above what is normal for you, or exposures in which appropriate infection control measures were not in place or followed during an encounter with an individual positive for COVID-19 or exhibiting symptoms suspicious of COVID. Any symptoms or exposures already cleared by a Physician can be ignored, unless symptoms have worsened or are inconsistent with previously reported symptoms.

The following screening questions are meant to detect early signs of COVID-19. Our intent is to ensure that PHS students/staff/coaches are not unnecessarily exposed to COVID-19.

PRINT STUDENT NAME: _____

DATE: _____ **SPORT:** _____

Based on your daily self-check completed within two hours of the start of your activity at PHS, do you have a fever greater than 100F / 37.8C or, if unable to take your temperature, do you have a subjective fever (meaning do you feel feverish)?

Yes

No

Have you experienced chills or repeated shaking chills within the past 48 hours?

Yes

No

Do you have a dry or persistent cough that started or has gotten worse in the last 48 hours?

Yes

No

Do you have shortness of breath that started in the last 48 hours?

Yes

No

Are you experiencing fatigue or generalized muscle pains that started or have gotten worse in the last 48 hours?

Yes

No

Have you experienced sudden onset loss of sense of taste or smell in the past 48 hours?

Yes

No

Do you have a sore throat that started or has gotten worse in the last 48 hours?

Yes

No

Are you currently experiencing acute nausea, vomiting, or diarrhea?

Yes

No

Have you developed a headache in the past 48 hours that is new to you or has persisted or gotten worse?

Yes

No

Have you developed congestion or runny nose in the past 48 hours that is new to you and is not related to an alternate diagnosis, such as seasonal allergies or sinus infection?

Yes

No

Have you been in contact with anyone in the past 14 days (including any immediate household member but excluding any patients with whom you have been in contact within your normal work duties wearing proper PPE) who is ill, has shown any of the symptoms listed above and/or has been diagnosed with COVID-19, for whom you have not yet been cleared to work by Employee Health? (Note: if you have been exposed and not cleared, you must also contact Employee Health for further instructions).

Yes

No

I hereby attest that the information is accurate, true and complete and I understand that any falsification or omission may result in disciplinary action, up to and including removal from all PHS extra curriculars.

STUDENT CONFIRMATION SIGNATURE

PARENT CONFIRMATION SIGNATURE

HEAD COACH CONFIRMATION SIGNATURE