



NAME :

DIVISION :

### COVID-19 QUESTIONNAIRE: Non-Healthcare Provider Assessment

Determine if the participant has developed any of the following symptoms within the last 2 weeks that are **new or different** from their known chronic problems, **or worsening** from their usual state of health.

Exposure	***Yes /No***
Have you been in close contact with someone who has been diagnosed with Coronavirus within the last 14 days? (Close contact is < 6 feet for ≥15 minutes)	
SYMPTOMS	
Temperature of 100.4° F or greater	
REPEATED SHAKING OR CHILLS	
COUGH (new or different than normal)	
SHORTNESS OF BREATH (not associated with preexisting condition i.e. asthma)	
NEW LOSS OF SMELL and/or TASTE	
DIARRHEA / UPSET STOMACH/NAUSEA	
MUSCLE OR BODY ACHES	
SORE THROAT	
HEADACHE	
CONGESTION/RUNNY NOSE (not associated with preexisting condition i.e. allergies)	

<p><b>High Risk: Symptoms Score of 3 or MORE</b>  <b>Action:</b> The participant is to immediately be removed from practice and/or competition and referred for additional care.</p>
<p><b>Medium Risk: Symptoms Score of 2</b>  <b>Action:</b> The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.</p>
<p><b>Low Risk: Symptom Score of 1 or 0</b>  <b>Action:</b> Continue with standard precautions and monitor regularly for changes in symptoms. Allow continued participation under supervision. Refer if abnormal symptoms develop.</p>

\*\*\*Any YES answer will be referred to the Athletic Training/Sports Medicine Staff for further evaluation. Determination of participation status will be made upon further evaluation.\*\*\*