SPORTS MEDICINE

Pre-Participation Student-Athlete COVID-19 Screening

Student-Athlete Name: ____
Date of Birth: __________ Age: ________ Cell Phone: ________ Gender: ___________
Sport(s): ____________________________

Symptom Checklist: (Please check YES/NO)

Prior to your arrival at ACM, at any point since March 15th 2020, have you experienced or are you currently experiencing any of the following symptoms:

Symptom	YES	NO	If YES: Symptom Duration	Additional Information
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				

Additional Questions:

2-14 days prior to experiencing any of the above symptoms, did you experience a suspected exposure to COVID-19?	YES	NO
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?		
Prior to coming to Allegany College of MD, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
Prior to coming to Allegany College of Maryland, were you been living in, or did you visit 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?		

*** If previously diagnosed with COVID 19: Date of Diagnosis: ______/______/_________
Do you have medical documentation to support your diagnosis/treatment of COVID-19? Y:_____ N:____
Physician Name: ____________________________ Location(Name/City/State): ____________________

Please list any countries/states/cities you have traveled to since March 15, 2020 and the date you were there:
1. ____ Dates: ___________________________
2. ____ Dates: ___________________________
3. ____ Dates: ___________________________
4. ____ Dates: ___________________________
5. ____ Dates: ___________________________

Student-Athlete Signature: __________________________________ Date: _______________________