

MERRITT COLLEGE ATHLETIC TRAINING

Student-Athlete COVID-19 Screening

Name _____ Student ID _____ Date _____
 Sport _____ Are you Currently free of Illness? Yes No

During your time away from Merritt, did you experience, or are 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				

Question	Yes	No
2-14 days prior to experiencing symptoms, did you experience a suspected exposure to COVID-19?		
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is in 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 Merritt, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from Merritt, 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 currently diagnosed with COVID-19

Yes No DATE OF DIAGNOSIS _____

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

Yes No PHYSICIAN NAME _____

PHYSICIAN LOCATION _____

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

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____
4. _____ Dates: _____
5. _____ Dates: _____

Student Athlete Signature: _____ Date _____