Name________________________________________________________________PLU ID_______________

## NCAA Pre-participation COVID-19 Screening Questionnaire:

Have You Ever Been Diagnosed With COVID-19? ☐ YES ☐ NO If "Yes", when? ___________________________

Did You Experience Symptoms As A Result Of COVID-19? ☐ YES ☐ NO

If "Yes", how long did you have symptoms and when? ___________________________

Fever or Chills ☐ YES ☐ NO

Cough or Sore Throat ☐ YES ☐ NO

Shortness Of Breath or Difficulty Breathing ☐ YES ☐ NO

New Loss Of Taste or Smell ☐ YES ☐ NO

Muscle Or Body Aches ☐ YES ☐ NO

Congestion, Runny Nose or Headache ☐ YES ☐ NO

Nausea, Vomiting, or Diarrhea ☐ YES ☐ NO

Have You Ever Been Evaluated By A Doctor For COVID-19? ☐ YES ☐ NO

Were Any Diagnostic Tests Performed? (Provide Documentation From Tests Performed) ☐ YES ☐ NO (check all that apply)

☐ Chest X-ray ☐ Blood Test (Troponin) ☐ EKG/ECG ☐ ECHO ☐ Cardiac MRI ☐ Antibody Test

☐ Other

Have You Ever Been Hospitalized Due To COVID-19? ☐ YES ☐ NO

Have You Ever Been Advised Not To Participate In Athletic Activities Due To COVID-19? ☐ YES ☐ NO

Have You Been Cleared To Return To Activity Following Your Diagnosis of COVID-19?(Please provide documentation) ☐ YES ☐ NO

Have You Received A COVID-19 Vaccination? ☐ YES ☐ NO

- What Vaccine? _____ Date Of Vaccine(s):

If you answered "Yes" please describe and include dates where necessary

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________