Music Department Daily Check In Sheet

Student COVID-19 Pre-Participation Questionnaire

Name:_____
Last **First** **Middle**

School ID#: _____ Date of Birth:_____ Age: _____

Cell Phone:_____ E-mail: _____

Gender: ▢ Male ▢ Female Sport(s): _____

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? ▢ Yes ▢ No **Current Temperature: _____°F**

Do you have a history of pneumonia? ▢ Yes ▢ No Current Occupation/ Workplace: _____

During your time away from school, did you experience, or are you 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				
Diarrhea				
Unexplained headache				

	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?		
Have you been around anyone who has been sick?		
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?		
During your time away from PCS, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from PCS 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 you currently diagnosed with COVID-19?
▢ YES ▢ NO DATE OF DIAGNOSIS: _____/_____/_____

Do you have medical documentation to support your diagnosis and treatment of COVID-19?
▢ YES ▢ NO PHYSICIAN NAME: _____
PHYSICIAN LOCATION: _____

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

1. _____ Dates: _____
2. _____ Dates: _____