

## Calhoun ISD Athletic COVID 19 Screening Form

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Prior to attending an athletic event, all participants and fans must self-screen for any of the following new or worsening signs/symptoms of possible COVID-19. Participants and fans must complete the form and present it at the gate before being allowed in the venue. Those found with any of these signs/symptoms must be excluded from the activity. Please check those that apply.

☐ **Feeling feverish or a measured temperature greater than or equal to 100.0 degrees**

☐ Headache

☐ **Cough**

☐ Shortness of breath or difficulty breathing

☐ **Chills**

☐ Repeated shaking with chills

☐ **Muscle pain**

☐ Sore throat

☐ **Loss of taste or smell**

☐ Diarrhea

☐ **Known close contact with a person who is lab-confirmed to have COVID-19 if exposure to the active confirmed case occurred within the last 14 days**

☐ I have none of the conditions listed above.

\_\_\_\_\_  
Signature