

DAVID DOUGLAS STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

Based on awareness of potential cardiopulmonary issues in adolescents who have had or been exposed to COVID-19, the American Medical Society for Sports Medicine, the National Federation of High School Associations and the OSAA Sports Medicine Advisory Committee recommends a preseason screening of students prior to participating in athletics. If you can answer yes to any of these questions, please make an appointment with the Student Health Center. The number for an appointment is (503) 988-3554.

Student Name: _____ **Date:** _____

Please check Yes or No for each question and symptom listed below.

	YES	NO
Have you been diagnosed with or tested positive for a COVID-19 infection?		
Have you had any of the following symptoms in the past two weeks?		
Fever		
Cough		
Shortness of breath or difficulty breathing		
Shaking chills		
Chest pain, pressure, or tightness with exercise		
Fatigue or difficulty with exercise		
Racing heart rate		
Unusual dizziness		
Loss of taste or smell		
Sore throat		
Nausea, vomiting, or diarrhea		
Unusual rash or painful discoloration of fingers or toes		
In the past 30 days, have you been exposed to a family member or household member with current or past COVID-19?		

Any student-athlete marking any of the above questions or symptoms “YES” should be evaluated by a healthcare provider and submit written clearance from their healthcare provider to the school before being permitted to participate in sports (including Spirit activities).