MSUB SPORTS MEDICINE

**MSUB Summer Camper COVID-19 Screening**

Name:

**Last First Middle**

MSUB Camp Date: Date of Birth: Age: Cell Phone:

**(MM/DD/YYYY)**

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

Before arriving at MSUB, 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 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YES** | **NO** |
| 2-14 days prior to experiencing these 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 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? |  |  |
| In the last 3-5 months, did you self-quarantine due to suspected symptoms or exposure of COVID-19? |  |  |
| In the last 3-5 months, 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.

2.

3.

4.

5.

Dates: Dates: Dates: Dates: Dates:

Camper Signature: Date: