

# Coronavirus Disease (COVID-19)

## Event Health Screening



To prevent the spread of COVID-19 and reduce the potential risk of exposure to our athletes, coaches, officials, visitors, staff, and volunteers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at this event. Thank you for your time.

### Please print out this questionnaire and bring it with you to Event

Name:	Phone Number (mobile/home):			
Event Name: WESTERN STATES CHAMPIONSHIPS	Date:			
Athlete: <input type="checkbox"/>	Coach: <input type="checkbox"/>	Official: <input type="checkbox"/>	Spectator: <input type="checkbox"/>	Other: <input type="checkbox"/>

#### In the past 14 days, have you experienced?

Current temperature:		
Fever or Chills:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath/ Difficulty breathing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea (unless due to known cause):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained Muscle ache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue or chest pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “yes” to any of the symptoms listed above, or your temperature is **100.4F or higher**, please self-isolate at home and contact your primary care physician’s office or nearest urgent care facility for direction.

#### In the past 14 days, have you:

Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “yes” to either of these questions, please (unless exempt) Self- quarantine at home for 14 days.

**We strongly encourage any person who is at higher risk for severe COVID-19 complications to continue to stay home to reduce their risk of exposure. (Persons over age 65 or with underlying medical conditions)**

All participants and coaches will be sent a survey at 7 and 14 days after the event. This data collection is important as we begin to analyze participant data and continue to work on COVID 19 mitigation. Please take the time to fill out survey immediately when it arrives via email from [Events@usawrestling.org](mailto:Events@usawrestling.org)

**For questions, visit** <https://www.teamusa.org/USA-Wrestling/Features/2020/March/14/COVID-19-Special-Section>