



DWSC Health Screening Form

ALL ATHLETES AND COACHES MUST COMPLETE THIS FORM PRIOR TO ATTENDING ANY ATHLETIC ACTIVITY OR TRAINING SESSION

Anyone experiencing more than two COVID-19 symptoms should immediately call the San Juan Basin Public Health COVID-19 hotline for testing instructions, or contact their personal health care provider, and follow up with DWSC Staff as outlined in the COVID-19 policy.

Name: _____

Email: _____

Phone: _____

Have you experienced any COVID-19 symptoms in the last 24hrs (e.g. cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste of smell, vomiting, nausea, diarrhea)?

NO

YES

If Yes - Please select all symptoms experienced:

- cough
- shortness of breath
- fever
- chills
- muscle pain
- headache
- sore throat
- new loss of taste of smell
- diarrhea
- nausea
- vomiting
- other: _____

Please record your temperature: _____

Temperature: 100.4 is automatic "No GO." Temperature of 99.2 or higher, but less than 100: have the person begin monitoring their temperature twice a day for a minimum of 7 days to determine if the temperature is going up or down.