Hampton City Schools
Student-Athlete COVID-19 Screening

Name: ________________________________ Sport: ___________________

Date of Birth:__________ Class:______________________ Parent Contact #:______________________________
(MM/DD/YYYY) (Freshman, Sophomore, Junior, Senior)

Please complete this form to assess your potential exposure/possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No

TEMPERATURE: _________________________ (if exceeds >100.3°F, enact COVID-19 protocol)

During your time away from Hampton City Schools, 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 of Breathing				
Shortness of Breath				
Sore Throat				
Body/Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes in 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?		
During your time away from HCS, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from HCS, 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 your currently diagnosed with COVID-19 YES NO
DATE OF DIAGNOSIS:_____________________(put N/A if ‘NO’)

Do you have medical documentation to support your diagnosis and treatment of COVID-19? YES NO

PHYSICIAN NAME:_______________LOCATION:_________________(put N/A if circled ‘NO’)

Please list any countries/states/cities you have traveled to since you left Hampton City Schools & the dates you were there:

Student-Athlete Signature:____________________________________Date: __________________________

Parent/Guardian Signature:___________________________________Date: __________________________