



## STUDENT ATHLETE/GAME PERSONNEL COVID-19 PREGAME SCREENING QUESTIONNAIRE

South Florida State College is asking each student athlete, coach, official, staff member, and game day operations staff to complete and submit this questionnaire prior to entering the gym or outdoor playing fields, in order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our athletes and athletic department staff. Please do not enter the gym or outdoor playing fields until the Screening Questionnaire and temperature check has been completed, reviewed, and approved.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ College: \_\_\_\_\_

**Please complete the information below, prior to travel and verified by Athletic Trainer/College Designee**

Please circle your response to each of the following questions truthfully and to the best of your ability.

*Your participation is important to help us take precautionary measures to protect you and all other participating in today's event.*

1. Are you currently experiencing any of the following symptoms?
  - Cough Y N
  - Shortness of breath or difficulty breathing Y N
  - Sore throat Y N
  - Taking any medications to relieve symptoms Y N
2. In the past 14 days have you been in close proximity to anyone who was experiencing any of the symptoms listed above? Y N
3. In the past 14 days have you been in close proximity to anyone who has tested positive for COVID-19? Y N
4. In the past 14 days have you been on a commercial flight, cruise, or traveled outside of the United States? Y N

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval to travel (check one): Approved \_\_\_\_ Denied \_\_\_\_ (*Athletic Trainer/Designee*)

Upon Arrival at site: scan for temperature and record (Pass or Fail), here: \_\_\_\_\_  
(*Per CDC guidelines, temperature must be below 100.4 degrees*)

**Name and Signature of SFSC Athletic Trainer/ College Designee:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential.