KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

Based on awareness of potential cardiopulmonary issues in adolescents who have had or been exposed to COVID-19, the American Medical Society for Sports Medicine, the National Federation of High School Associations and the KSHSAA Sports Medicine Advisory Committee recommend a preseason screening of students prior to participating in athletics.

This questionnaire is to be completed and turned in to the school prior to the student's first sports practice (including Spirit) of the 2020-21 school year. It is recommended students/parents complete this form 1-2 weeks prior to the start of the season in case follow-up evaluation is necessary. If timing allows it should be done in conjunction with the student's pre-participation physical exam. <u>This form is NOT intended to replace the recommended daily screening procedures for all students participating in activities</u>.

Student Name: _____ **Date:** _____

Please check <u>Yes</u> or <u>No</u> for each question and symptom listed below.

	YES	NO
Have you been diagnosed with or tested positive for a COVID-19 infection?		
If YES, date of diagnosis or positive test result: _____		
Have you had any of the following symptoms in the past two weeks?		
Fever		
Cough		
Shortness of breath or difficulty breathing		
Shaking chills		
Chest pain, pressure, or tightness with exercise		
Fatigue or difficulty with exercise		
Racing heart rate		
Unusual dizziness		
Loss of taste or smell		
Sore throat		
Nausea, vomiting, or diarrhea		
Unusual rash or painful discoloration of fingers or toes		
Do you have a family member or household member with current or past COVID-19?		

Any student-athlete marking any of the above questions or symptoms "YES" should be evaluated by a healthcare provider and submit written clearance from their healthcare provider to the school before being permitted to participate in sports (including Spirit activities).

Signatures Required

_____ _____

Student Date

_____ _____

Parent/Guardian Date

Drezner JA, Heinz WM, Asif IM, Batten CG, Fields KB, Raukar NP, Valentine VD, Walter KD. Cardiopulmonary considerations for high school student-athletes during the COVID-19 pandemic: NFHS-AMSSM guidance statement. *Sports Health: A Multidisciplinary Approach (SPH).* [published online July 9, 2020].

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THIS PAGE ONLY NEEDS COMPLETED IF A "YES" ANSWER WAS PROVIDED ON ANY OF THE ITEMS ON PAGE 1.

Healthcare Provider Release Section:

(Must be completed by MD, DO, DC, PA-C, APRN)

I have examined the student named on this form and reviewed the student's previous history of COVID-19 illness and/or exposure.

☐ Student is medically eligible for all sports without restriction

☐ Student is not medically eligible for any sports at this time

Recommendations: _____

_____

_____

Date: _____

Name of healthcare provider: _____

Signature of healthcare provider: _____
MD, DO, DC, PA-C, APRN

Address: _____

Phone: _____