



ASSUMPTION HIGH SCHOOL

COVID-19 PARTICIPANT HEALTH-SCREENING FORM

This form must be completed before a participant enters an Assumption facility

Participants Name: _____

Camp/Sport/Event participating in: _____

Today's Date: _____

Body Temperature: _____ Screened by: _____

Please check "yes" or "no" to each question:

Symptom	Yes	No
Fever 100.4 or higher		
Cough		
Shortness of breath or difficulty breathing		
Sore throat		
Muscle ache or headache		
Gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.)		
Chills or repeated shaking		
A new loss of taste or smell		
It there anyone in your household who is ill or has been diagnosed with COVID-19?		
Have you been in contact with anyone who is ill, shown symptoms, or has been diagnosed with COVID-19?		

If a participant's body temperature is at or above 100.4 degrees Fahrenheit, or answers YES to any of the above questions, the participant must stay home/be sent home. Parents should contact their health care provider. In addition, Assumption Athletics Department asks that you contact them immediately by calling 502-271-2554 with information that needs to be shared.