

Sample Wellness Pre-Participation Screening Form

Name	Time	Cough		Fever		Sore Throat		Shortness of breath		Close contact w/ someone with COVID-19		Temperature (if higher than 100.3F)
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	No	yes	no	yes	no	yes	no	yes	no	
		yes	no	yes	no	yes	no	yes	no	yes	no	



RETURN TO PLAY

May 28, 2020

