

## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (state home) due to concern that you had COVID-19 symptoms?  Oday or in the past 2 weeks have you had any of the following symptoms:  Solution No. A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?  Solution No. A new or worsening cough, shortness of breath or difficulty breathing?  No. Racing heart, heart skipping beats or fluttering of the heart?  No. Unusual dizziness, particularly with exercise?  No. Fatigue or difficulty with exercise?  No. A sore throat different than associated with seasonal allergies?  No. New loss of taste or smell?  No. Nausea, vomiting or diarrhea?  No. Nousea, vomiting or diarrhea?  No. Have you been in contact with anyone infected with COVID-19 in the past 14 days?  No. Have you been diagnosed with High Blood Pressure?  No. Have you been diagnosed with Diabetes?  No. Have you been diagnosed with Asthma?  No. Have you been diagnosed with other condition requiring immune suppression?  No. Have you been diagnosed with chronic lung disease?  No. Have you been diagnosed with rheumatoid arthritis?	Nar	ne	
Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stanbard) home) due to concern that you had COVID-19 symptoms? <b>oday or in the past 2 weeks have you had any of the following symptoms:</b> Since January 1, 2020 have you had any of the following symptoms:  Since January 1, 2020 have you had any of the following symptoms:  Since January 1, 2020 have you had any of the following symptoms:  Since January 1, 2020 have you had any of the following symptoms:  Since January 1, 2020 have you had any of the following symptoms:  Since January 1, 2020 have you had any of the following symptoms:  Since January 2, 2021 have you been diagnose, shortness of breath or difficulty breathing?  Since January 3, 2021 have you have any one in your household with seasonal allergies?  Since January 3, 2021 have you been diagnosed with High Blood Pressure?  Since January 4, 2020 have any one in your household who has been diagnosed with COVID-19 in the past 14 days?  Since January 4, 2020 have you been diagnosed with Asthma?  Since January 5, 2021 have you been diagnosed with Asthma?  Since January 6, 2021 have you been diagnosed with Olipates?  Since January 6, 2021 have you been diagnosed with other condition requiring immune suppression?  Since January 7, 2020 have you been diagnosed with other condition requiring immune suppression?  Since January 7, 2020 have you been diagnosed with other condition requiring immune suppression?  Since January 7, 2020 have you been diagnosed with other condition requiring immune suppression?  Since January 1, 2020 have you been diagnosed with helmatoid arthritis?  No Have you been diagnosed with helmatoid arthritis?  No Have you been diagnosed with helmatoid arthritis?  No Have you been diagnosed with a cardiac condition?  Signing this document, I hereby state that, to the best of my knowledge, my answers to the above question mplete and correct.	Spo	rt	
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