



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. This form is NOT intended to replace daily screening procedures for all students.

Student Name: _____

Date: _____

Please check Yes or No for each question and symptom listed below.

			Yes	No
1. Have you been diagnosed with or tested positive for a COVID-19 infection?				
If YES, when were you diagnosed?				
If YES, have you been cleared by a healthcare provider to participate in athletic activities?				
Please provide clearance documentation to school, including date of clearance and name of healthcare provider.				
2. Have you had any of the following symptoms in the past two weeks?				
	Yes	No		
Fever			Fatigue or difficulty with exercise	
Severe body chills/sweats			Unusual dizziness	
Severe joint/muscle aches			Racing heart rate	
Severe headache			Loss of taste or smell	
Cough			Sore throat	
Shortness of breath or difficulty breathing			Nausea, vomiting or diarrhea	
Chest pain, pressure, or tightness at rest or with exercise			Unusual rash or painful discoloration of fingers or toes	
3. In the past 30 days, have you been exposed to a family/household member diagnosed with or tested positive for 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



KSHSAA STUDENT-ATHLETE PRE-PARTICIPATION COVID-19 QUESTIONNAIRE

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)

Student Name: _____

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: _____