

# Bemidji State University Sports Medicine

## Student-Athlete COVID-19 Screening

Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender:     Male     Female    Sport(s): \_\_\_\_\_

**Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.**

Are you currently free from illness?  Yes  No

During your time away from BSU, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eye Discharge				

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?		
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?		
During your time away from BSU, did you self-quarantine due to suspected symptoms or exposure of COVID-19?		
During your time away from BSU, have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?		

Have you previously been or are you currently diagnosed with COVID-19?

YES  NO

DATE OF DIAGNOSIS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

YES  NO

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN LOCATION: \_\_\_\_\_

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_