



FALL 2020 - COVID-19 SYMPTOM SCREENING / SIGN-OFF FORM

ROWER NAME: _____ DOB: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

PHONE: _____

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Per the U.S. Centers for Disease Control (CDC), COVID-19 symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may potentially have COVID-19 and should consult their healthcare provider and avoid interaction with other rowers if advised to self-monitor, self-isolate and/or self-quarantine!

COVID-19 daily screening questions for rowing access; Yes or NO?

1. Do you have any of these symptoms that are not caused by another condition?

- *Fever or chills*
- *Cough (Persistent / Dry Cough)*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *Recent/New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose (*Excluding confirmed seasonal allergies)*
- *Nausea or vomiting*
- *Diarrhea*

2. Within past 14 days, have you had contact with anyone with COVID-19 or COVID-like symptoms? (*Contact is being 6 feet or closer for more than 15 minutes with a person*)

3. Have you had a positive COVID-19 test for active virus in the past 10 days?

4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

5. Have you travelled out of state? (*State of NH/DHHS recommends that residents and family who have travelled outside of New England - NH, ME, VT, MA, CT, RI, need to self-quarantine for 14 days!*)



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If you answered **YES** to any of the symptoms/questions above, please update your coaches, **DON'T** practice, proximity distance from your teammates, inform your parents/guardians & consult with a healthcare provider accordingly!

If you answered **NO** to the symptoms/questions above, please date & initial the rowing log below to confirm you do **NOT** have COVID-19 symptoms for that date.

**We will use these logs for contact tracing purposes as well to track rowers/rowing dates*

Date	No Symptoms Confirmation Initials		Date	No Symptoms Confirmation Initials