TRINITY WASHINGTON UNIVERSITY COVID-19 QUESTIONNAIRE

PARTICIPATION WILL NOT BE ALLOWED UNTIL THIS IS COMPLETED

LAST NAME:	FIRST NAME:	MIDDLE INITIAL(S):

BIRTHDATE:	AGE:	SPORT(S):	CELL PHONE #:

PLEASE COMPLETE THIS FORM TO ASSESS YOUR POTENTIAL EXPOSURE/ POSSESSION OF COVID 19 AND OTHER ILLNESSES

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
FEVER	☐	☐		
BODY CHILLS	☐	☐		
EXTREME FATIGUE	☐	☐		
COUGH	☐	☐		
PAINFUL/ DIFFICULTY BREATHING	☐	☐		
SHORTNESS OF BREATH	☐	☐		
SORE THROAT	☐	☐		
BODY/ MUSCLE ACHES	☐	☐		
LOSS OF TASTE	☐	☐		
LOSS OF SMELL	☐	☐		
CHANGES IN VISION/ EYE DISCHARGE	☐	☐		

SCREENING QUESTIONS	
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?	❑ YES ❑ NO
Have you had any direct contact with anyone who lives in or has visted a place where COVID-19 is spreading and/ or is an area reporting increased COVID-19 cases (i.e. "hot spots")?	❑ YES ❑ NO
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?	❑ YES ❑ NO
During your time away from Trinity, did you self-quarantine due to suspected symptoms or exposure to COVID-19?	❑ YES ❑ NO
During your time away from Trinity, have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?	❑ YES ❑ NO
ADDITIONAL QUESTIONS	
Have you previously been or are you currently diagnosed with COVID-19? **DATE OF DIAGNOSIS:**	❑ YES ❑ NO
Do you have medical documentation to support your diagnosis and treatment of COVID-19?	❑ YES ❑ NO
NAME OF PHYSICIAN:	
PHYSICIAN LOCATION:	

LIST THE COUNTRIES, STATES AND/OR CITIES YOU HAVE BEEN TO SINCE MARCH 15TH AND THE DATES YOU WERE THERE	
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:
LOCATION:	DATES:

I hereby state to the best of my knowledge the answers provided are correct. I have not withheld any information important to my safety and the safety of others.

STUDENT-ATHLETE SIGNATURE:	PARENT/ GUARDIAN SIGNATURE IF STUDENT-ATHLETE IS UNDER 18:	DATE: