



Swimmer Screening Weekly Survey

The parent/guardian must review the Screening Survey for swimmers every day before practice, meet, or team activity. Swimmers must be able to answer NO to all of the following questions.

1. Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?
2. Are you currently experiencing, or have you experienced in the past 10 days, any of the following symptoms (please have your temperature taken before you answer this question)?
 - Fever (100.4° F or greater) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
3. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?
4. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?
5. In the past 14 days, have you traveled outside of the Continental United States?
6. In the past 14 days, have you been in close proximity to anyone who has traveled outside of the Continental United States?
7. Have you been tested for COVID-19 and are waiting to receive test results?
8. In the past 14 days, based on the above or other symptoms, have you been told by any doctor, medical professional, or other authority to self-quarantine for any reason?