



COVID-19 QUESTIONNAIRE: Healthcare Provider Assessment

Determine if the participant has developed any of the following symptoms within the last two weeks that are **new or different** from their known chronic problems, **or worsening** from their **usual state of health**.

EXPOSURE	SCORE
Have you been in close contact unmasked with someone who has been diagnosed with Coronavirus within the last 14 days? (Close contact is < 6 feet for ≥ 15 minutes.)	3
SYMPTOMS	
TEMPERATURE OF 100.4° F or greater	3
REPEATED SHAKING OR CHILLS	3
NEW LOSS OF SMELL and/or TASTE	3
SHORTNESS OF BREATH (not associated with preexisting condition (e.g. asthma))	3
COUGH (new or different than normal)	2
MUSCLE OR BODY ACHES	2
DIARRHEA / UPSET STOMACH / NAUSEA	1
SORE THROAT	1
HEADACHE	1
CONGESTION (not associated with preexisting condition (e.g. allergies))	1
TOTAL SCORE	

High Risk: Symptom Score of 3 or MORE

Action: The participant is to immediately be removed from practice and/or competition and referred for additional care. Institutional protocols for “flagged screening” should occur.

Medium Risk: Symptom Score of 2

Actions: The symptoms described by the participant warrant further investigation by the healthcare team. Expand screening to obtain further information. Based on responses, either allow participation or refer for additional care.

Low Risk: Symptom Score of 1 or 0

Action: Continue with standard precautions and monitor regularly for changes in symptoms. Allow continued participation under supervision. Refer if abnormal symptoms develop.

***** IF A PARTICIPANT IS REFERRED FOR ADDITIONAL CARE, A RELEASE FOR RETURN TO ACTIVITY FROM A LICENSED HEALTHCARE PROVIDER MUST BE PROVIDED PRIOR TO RETURN TO PRACTICE OR COMPETITION *****