



Student-Athlete Notification and Exposure Screening During COVID-19 Pandemic

Notification of Pandemic Prevention Precautions

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the School Corporation, including, but not limited to:

- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren't available, using a hand sanitizer that contains at least 60% alcohol.
- Coughing and sneezing into elbows or a tissue/handkerchief
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Self-quarantine at home as much as possible
- Maintain physical distance between yourself and other people of at least 6 feet at all times
- Do not use other employees' phones, electronic devices, or other office supplies
- Cover mouth and nose with a cloth face cover while around others
 - The cloth face covering is meant to protect other people in case you are infected
 - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance

Failure to follow these mitigation strategies, to the extent possible while participating in extracurricular activities may result in discipline up to and including removal from the team/activity. While these mitigation measures will likely reduce the spread of COVID-19 in our facilities, we cannot guarantee that you (or anyone you come into contact with) will not be, or otherwise, become infected with COVID-19.

(See next page for COVID-19 exposure screening)



Rise As One

Individual Exposure Screening

We request that you complete this questionnaire, which will be solely used to determine whether health and safety restrictions should be implemented with respect to your presence at our facilities, and such information will be otherwise maintained as confidential.

- 1) Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 in the past 14 days?
Yes _____ **No** _____

- 2) In the past 48 hours, have you experienced any of the following NEW symptoms or symptoms not explained by other already known conditions:
Fever of 100° F or above, or fever symptoms (chills/sweats): **Yes** _____ **No** _____
Cough: **Yes** _____ **No** _____
Sore Throat: **Yes** _____ **No** _____
Muscle or Body Aches: **Yes** _____ **No** _____
Congestion or runny nose: **Yes** _____ **No** _____
Headache: **Yes** _____ **No** _____
Shortness of breath, Trouble Breathing or Severe Wheezing: **Yes** _____ **No** _____
Loss of Smell or Taste, or a Change in Taste: **Yes** _____ **No** _____
Nausea, vomiting, or diarrhea: **Yes** _____ **No** _____

- 3) Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19?
Yes _____ **No** _____

- 4) Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and countries in Europe.
Yes _____ **No** _____

Student Name:

Student Signature:

Parent Signature:

Date Submitted:

Following the initial submission of this questionnaire, any change in responses/symptom status must be reported to the coach or athletic office *immediately*.