



Athletic Spectator Screening Form

Name: _____

Date: ____/____/____

Instructions for use: Use one form for each spectator. Complete this form before arriving to the athletic event no more than 24 hours in advance. Temperature will be checked at the gate before entering the athletic complex.

Do you have a fever or above-normal temperature (>100.4° F)? <i>Take temperature before entering game</i>	Yes No
Are you experiencing shortness of breath or having trouble breathing?	Yes No
Do you have a dry cough?	Yes No
Have you recently lost or had a reduction in your sense of smell or taste?	Yes No
Do you have a sore throat?	Yes No
Are you experiencing chills or unexplained muscle pain?	Yes No
Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	Yes No
Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?	Yes No

Print name

Signature