



Rockstar Cheer New Jersey
Athlete COVID-19 Symptom Screening Checklist

Athlete Name _____ Team(s)/Class _____ Date _____

1. Has the athlete or anyone else living in the same household traveled out of the country in the last 30 days? If yes, where?

- Yes: _____
- No

This question will assess if they have been to countries where Covid is widespread. This changes so you can leave the question open and staff evaluating athletes should review this site every 3-4 days to review countries of concern

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

2. Has the athlete or anyone else living in the same household been exposed to anyone for an extended period of time (more than 15 minutes) that has tested positive for COVID-19 in the last 14 days? (wearing a mask or not, doesn't matter)

- Yes
- No

3. Has the athlete been tested for COVID-19 (PCR testing not antibody testing) in the last 14 days? If so, what was the result?

- Yes: _____
- No

4. Has the athlete experienced any of the following symptoms in the last 10 days? Please select all that apply:

- Fever (over 100.4)
- Cough
- Shortness of Breath
- Malaise (fatigue, body aches, chills)
- Sudden loss of taste or smell
- Unexplained headaches
- Sore Throat
- Unexplained congestion and runny nose
- Nausea, vomiting
- Unexplained, multiple episodes of diarrhea
- Unexplained skin rash associated with a fever (for tiny, mini & youth age)

Athlete temperature taken upon arrival: _____

Emergency Contact Name: _____ Phone Number: _____

Patent/Guardian Signature: _____ Committee/Staff Member Initials: _____