# COVID QUESTIONNAIRE FOR YOUNG ATHLETES

Print out this form and look at the video before entering your answers. All questions contained in this questionnaire are strictly confidential and can become part of your medical record.

Since we are in a Pandemic, your Pre Participation exam (PPE) must include questions regarding whether you have had COVID-19 or been exposed. The SARS-Coronavirus-2 (COVID-19) infection can cause damage to your heart (myopericarditis) even if you’ve only had minor exposure and not had any complaints or symptoms. Screening for active or prior infection, with appropriate work up could prevent life threatening consequences during or after physical activity. Please complete this questionnaire and give it to your Doctor, coach or trainer.

<table>
<thead>
<tr>
<th>Name (Last, First, M.I.):</th>
<th>☐ M ☐ F</th>
<th>DOB:</th>
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<tbody>
<tr>
<td>Weight:</td>
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<th>Sport(s):</th>
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<td>Previous or referring family doctor:</td>
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<td>School:</td>
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**Have you come into contact with someone diagnosed with COVID-19 in the past 2 weeks?**

- ☐ Yes
- ☐ No

**Have you come in contact with individuals who were sick with coughing, sneezing, febrile or other symptoms of a viral disease in the past 2 weeks?**

- ☐ Yes
- ☐ No

**Have you had a positive COVID-19 test or diagnosed as having COVID-19 by your Doctor?**

- ☐ Yes
- ☐ No

**In the past 2 weeks, have you attended events occurring indoors with more than 6 people participating?**

- ☐ Yes
- ☐ No

**Check off any of these exposures:**

- ☐ Playing basketball, volleyball or other indoor sport
- ☐ Church
- ☐ Concerts
- ☐ Political rallies or demonstrations

**In the past 2 weeks, have you had any of the following?**

- ☐ Yes
- ☐ No

**Check off any of these symptoms/complaints:**

- ☐ Fever or feeling feverish (chills, sweating)
- ☐ 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

If you answered yes to any of the above, please reach out to your medical provider for further guidance.

Download Form: [http://caacc.org/athleticheart-assessment.html](http://caacc.org/athleticheart-assessment.html)