



William S. Hart Union High School District

Athletic Training Department
Student-Athlete COVID-19 Pre-Participation Questionnaire

Name: Last First Middle

School ID#: Date of Birth: Age: (MM/DD/YYYY)

Cell Phone: E-mail:

Gender: Male Female Sport(s):

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No Current Temperature: F

Do you have a history of pneumonia? Yes No

During your time away from school, did you experience, or are you currently experiencing any of the following:

Table with 5 columns: SYMPTOM, YES, NO, LENGTH OF SYMPTOM, EXPLANATION. Rows include Fever, Body Chills, Extreme Level of Fatigue, Cough, Pain / Difficulty Breathing, Shortness of Breath, Sore Throat, Body / Muscle Aches, Loss of Taste, Loss of Smell, Changes to Vision / Eye Discharge, Diarrhea, Unexplained headache.

Table with 3 columns: QUESTION, YES, NO. Questions include exposure to COVID-19, contact with sick individuals, direct contact with suspected cases, self-quarantine, and living in hot spots.

Have you previously been or are you currently diagnosed with COVID-19?

YES NO

DATE OF DIAGNOSIS: / /

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

YES NO

PHYSICIAN NAME:

PHYSICIAN LOCATION:

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

- | | |
|----------|--------------|
| 1. _____ | Dates: _____ |
| 2. _____ | Dates: _____ |
| 3. _____ | Dates: _____ |
| 4. _____ | Dates: _____ |

ASSUMPTION OF RISK

I understand that those participating in high school athletics, summer camps, and/or conditioning activities are at a higher risk of exposure to the COVID-19 virus. In order to participate in high school athletics, summer camps, and conditioning activities, student-athletes and their parents are required to read and sign the following assumption of risk and waiver.

1. I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization³.
2. I understand that by participating in sports/conditioning activities and utilizing the facilities associated with them, I may knowingly or unknowingly transmit the virus to my family, friends, and/or others I may come into contact with. This may include young children, elderly persons, and/or those with pre-existing conditions that place them at higher risk for the virus.
3. I understand that there is an increased risk of exposure to the virus by participating in competitive events with other schools, both in and out of conference. The risk of exposure also exists during travel to and from any and all away games.
4. I understand that while every attempt is made to minimize chances of exposure there are no guarantees that can be made.

To do my part to limit the exposure to and/or transmission of COVID-19, to myself and those around me, I agree to follow the recommendations of the CDC which include:

- Proper general hygiene
- Proper handwashing techniques
- Use of hand sanitizer when handwashing is unavailable
- Proper use of personal protective equipment (gloves, masks, and/or eye protection)
- Not sharing any personal items (towels, soap, brushes, clothes, water bottles, food, lip balm, etc.).

The parent/guardian(s) and student-athlete voluntarily agree to assume all risks and accept sole responsibility for any injury to myself. I hereby release, covenant no to sue, discharge, and hold harmless The William S. Hart Union High School District, their officers, officials, agents, volunteers, employees, other participants, sponsoring agencies, sponsors, advertisers ("Releasees"), with respect to any and all injury, illness, disability, loss or damage to person or property, expenses, and/or death; arising out of or relating to COVID-19. I understand this release includes any claims based on the actions, omissions, or negligence of the Releasees, and whether a COVID-19 infection occurs before, during or after my participation.

ACKNOWLEDGEMENT

In the interest of health and public safety during the COVID-19 pandemic, I acknowledge that I have truthfully and accurately disclosed the above information regarding my health status, including any symptoms and exposure to COVID-19 in order for The William S. Hart Union High School District to evaluate before allowing my return to campus. I further acknowledge that, if additional evaluation or assessment is required and requested by my school or The William S. Hart Union High School District, I hereby consent and will cooperate.

In addition, if any of the symptoms mentioned above appear after I am allowed to return to campus, I agree to stay at home and to immediately report my change in status to my high school within the William S. Hart Union High School District and to complete a new Assessment, Acknowledgment, and Consent form for approval before returning to campus. Parents/Guardians agree to check their student-athlete on a daily basis and ensure that none of these symptoms are exhibited while participating in athletic activities. Should that occur, the parent/guardian will keep the student-athlete home. At all times while on campus, I agree to follow all safety protocols and social distancing guidelines established by my high school and The William S. Hart Union High School District, the City of Santa Clarita, Los Angeles County, and the State of California.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____