

Workout Questionnaire

- Student-athletes must answer the questions below before being allowed to workout. This must be completed **daily**. If the answer is yes to any of the questions, the student-athlete must not participate in any workouts until cleared by a physician and provides a clearance note, or student has stayed home for 14 days prior to return.
 - Do you or have you had a fever above 100.4 F in the last week?
 - Do you or have you had a consistent cough in the last week?
 - Do you or have you had a sore throat in the last week?
 - Do you or have you had congestion and/or a runny nose in the last week?
 - Do you or have you had a shortness of breath or fatigue in the last week?
 - Do you or have you had a consistent headache in the last week?
 - Do you or have you had nausea, vomiting, or diarrhea in the last week?
 - Do you or have you had a loss of taste or smell in the last week?
 - Have you been in close contact or cared for anyone diagnosed with COVID 19?

* Questions are to be recorded on the Monitoring Form