



COVID-19

Active Screening Questionnaire

The participant's health and well-being are of the utmost importance and we are taking measures to keep the facility a safe environment for employees as well as the individuals under our care. Therefore, anyone coming into the facility will be screened and part of our screening process will include asking the following questions.

1. Within the last 14-days, has the participant experienced a new cough that you/they cannot attribute to another health condition?

☐ Yes ☐ No

2. Within the last 14-days, has the participant experienced new shortness of breath that you/they cannot attribute to another health condition?

☐ Yes ☐ No

3. Within the last 14-days, has the participant experienced diarrhea or vomiting that you/they cannot attribute to another health condition?

☐ Yes ☐ No

4. Within the last 14-days, has the participant experienced new muscle aches that you/they cannot attribute to another health condition or a specific activity such as physical exercise?

☐ Yes ☐ No

5. Within the last 14-days, has the participant had a temperature at or above 99.9° or sense of having a fever?

☐ Yes ☐ No

6. Within the last 14-days, has the participant had close contact with someone who is currently sick with suspected or confirmed COVID-19?

☐ Yes ☐ No

If any of the questions above were answered YES, the potential participant will not be allowed into the facility unless determined otherwise by a designated CYS medical professional.

I understand that use of the Fort Bliss Youth Sports Facility and participation in their fitness and skills classes could increase my/my child's chances of contracting CoVID-19. By signing below, I am holding Fort Bliss Youth Sports harmless for any potential transmission of the virus to my family.

Name of Participant _____ Date _____

Signature of Parent _____