



Southwest Minnesota State University Athletics Initial Health Screen 2020 Summer Football Camps

Name: _____ Age: _____ Temp: _____

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

1. Are you traveling to Southwest Minnesota State University (Marshall, MN) in order to participate in the SMSU summer football camp?

Yes No

If Yes, where did you travel from? _____

If Yes, how did you get here (plane, bus, car?) _____

2. Have you recently been exposed to groups of greater than 10 people? Yes No

If Yes, did you wear a mask and practice social distancing guidelines? Yes No

3. Are you currently free from illness? Yes No

If NO, please list the symptoms that you have been experiencing (fever, chills, fatigue, cough, breathing difficulties, sore throat, body aches, loss of taste or smell, vomiting, diarrhea).

4. Have you previously been or are you currently diagnosed with COVID-19 Yes No

If Yes, please provide DATE OF DIAGNOSIS: ____/____/____

If Yes, do you have medical documentation to support your diagnosis and treatment of COVID-19? Yes No

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

Camper Signature: _____ Date: _____

Parent Signature (if under 19): _____ Date: _____