



## Department of Athletics: Screening Form

The health and safety of our campus community remains our top priorities. In an effort to reduce the risk of COVID-19 exposure and transmission, all participants must complete the following screening questions each time they arrive on campus. A staff member will cover general protocols at the beginning of each camp or clinic. Questions related to your own health or that of a minor in your care should be directed to your personal healthcare provider. Franklin College reserves the right to cancel or reschedule any camp at the discretion of the camp administrators. Furthermore, the College may deny entry in to a camp or dismiss any participant who exhibits any signs or symptoms of illness.

People exhibiting symptoms consistent with COVID-19 or those exhibiting a body temperature of 100.4°F or greater may not participate and should return home. All participants agree to have a temperature check with a no-touch forehead thermometer.

Has the participant recently had any of the following symptoms in the last 14 days?

(please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Fever (higher than 100.4°F)                                 | <input type="checkbox"/> Chills                   |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing                 | <input type="checkbox"/> Cough                    |
| <input type="checkbox"/> Sore throat   | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Muscle pain or headache                                     | <input type="checkbox"/> Loss of taste or smell   |
| <input type="checkbox"/> Gastrointestinal symptoms (i.e. diarrhea, nausea, vomiting) |   |
| <input type="checkbox"/> <b>None of the Above</b>                                    |   |

Has the participant tested positive for COVID-19 in the last 14 days?

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Has the participant recently been quarantined due to contact tracing?

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Yes

Date

\_\_\_\_\_  
No

Is the participant fully vaccinated for COVID-19?

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Yes

Date of Last Shot

\_\_\_\_\_  
No

I understand the safety measures related to COVID-19 which may include the requirement to wear masks when not actively participating. I understand a temperature check is required. I understand participation will be revoked in the event of a positive test for COVID-19 in the last 14 days, if a temperature above 100.4°F is recorded, or if other symptoms common to COVID-19 are exhibited.

\_\_\_\_\_  
(Participant Name)

\_\_\_\_\_  
Parent Name if Participant is Under 18 Years of Age

\_\_\_\_\_  
(Participant Signature or Parent Signature if Under 18)

\_\_\_\_\_  
(Date)

**For Office Use Only**

**Initials** \_\_\_\_\_

**Date** \_\_\_\_\_