Redline Athletics – Farmington Hills COVID-19 Screening Questionnaire
This questionnaire will be administered to each group of athletes, while they wait for their session to begin. This will be in addition to their Fusionetics readiness survey.

Names: _____

Date: _____

1. Have you been diagnosed with COVID-19 within the past 14 days?
   - ☐ YES
   - ☐ NO

2. Have you had close contact with or cared for someone who has tested positive for COVID-19 within the past 14 days?
   - ☐ YES
   - ☐ NO

3. Have you been in close contact with a suspected case of COVID-19 within the past 14 days?
   - ☐ YES
   - ☐ NO

4. Have you traveled outside of Michigan within the past 14 days? If so where:_____
   - ☐ YES
   - ☐ NO

5. Have you experienced within the last 14 days, or are you currently experiencing, any of the following symptoms:

Fever or chills	☐ YES	☐ NO
Dry cough	☐ YES	☐ NO
Difficulty breathing or shortness of breath	☐ YES	☐ NO
Fatigue	☐ YES	☐ NO
Muscle or body aches	☐ YES	☐ NO
Sore throat	☐ YES	☐ NO
Headache	☐ YES	☐ NO
Congestion or runny nose	☐ YES	☐ NO
Nausea or vomiting	☐ YES	☐ NO
Diarrhea	☐ YES	☐ NO
New loss of taste or smell	☐ YES	☐ NO

Signature: _____