

Appendix A

University of Montana Intercollegiate Athletics Student-Athlete Health Survey

Please complete this survey and bring it with you on your check-in day along with the required verification documentation noted on page two. Prior to using athletic facilities this survey must be on file.

Name:

Sport:

We will be sending a copy of the Mitigation Plan to your parents/legal guardians.

Parents/Legal Guardians Names:

Email address(es) for Parents/Legal Guardians:

Have you been sick the past 14 days?

Yes No

Have you been sick in the last 2 months?

Yes No

Have you been near someone who is/was sick the past 14 days?

Yes No

Have you been told to quarantine for suspected direct exposure to COVID-19?

Yes No

Have you been near someone who has been told to quarantine for suspected sickness?

Yes No

Have you been tested for COVID-19?

Yes No

If yes, Date: Results:

Have you been near someone who was tested for COVID-19?

Yes No

If yes, Date: Results:

Do you have diabetes, asthma or general breathing difficulties?

Yes No

Have you been coughing, had a high temperature, or difficulties breathing in the past 14 days?

Yes No

Have you noticed a change in your ability to taste or smell in the past 2 months?

Yes No

Have you had new onset of headache, nausea/vomiting, sore throat, diffuse body aches?

Yes No

Do you have any other health issues to report?

Yes No

If Yes, list those issues:

14- Day Location Verification Form

We must trace where you have been for the 14 days prior to participation. In addition, we will need documentation to support that you have been in Montana for the 14 days prior to participation. Please attach the required documentation to this form at check-in or you will not be released to begin participation. See below for examples of documentation:

- If you have been out of state (at home) prior to the 14-day window, you can provide a copy of a boarding pass with date of arrival into Montana, gas receipts driving to Montana, or email verification from a parent to jean.gee@umontana.edu
- If you have been in Montana, you can provide a receipt for groceries, restaurant, gas; copy of pay stub for your local employment; or email verification from a parent to jean.gee@umontana.edu

Indicate date and your physical location (city and state) for the past 14 days

Day	Date	Location
Day 1	Date:	Location:
Day 2	Date:	Location:
Day 3	Date:	Location:
Day 4	Date:	Location:
Day 5	Date:	Location:
Day 6	Date:	Location:
Day 7	Date:	Location:
Day 8	Date:	Location:
Day 9	Date:	Location:
Day 10	Date:	Location:
Day 11	Date:	Location:
Day 12	Date:	Location:
Day 13	Date:	Location:
Day 14	Date:	Location:
Today	Date:	

I have read the attached information on COVID-19 and understand the plan put in place for return to training. I understand the importance of following these recommendations and accurately reporting my symptoms while practicing the CDC guidelines for social distancing and quarantine at home for 14 days after travel. I certify that the information given above is true.

Signature:

Date:

Reviewed by:

Date:

