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

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<tr>
<th>Day</th>
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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: