

USATF COVID-19 Symptoms Assessment Questionnaire

2021 USATF Masters Outdoor Championships

NAME: _____

DATE: _____

Please check the appropriate box below

In the past 24 hours, have you experienced:

Fever:	Yes	No
Excessive or Unusual Fatigue:	Yes	No
Cough:	Yes	No
Sneezing:	Yes	No
Unusual Aches and Pains:	Yes	No
Runny or Stuffy Nose:	Yes	No
Sore throat:	Yes	No
Diarrhea:	Yes	No
Headaches:	Yes	No
Shortness of breath:	Yes	No

Have you recently (in the last 72 hours) been in close contact (within 6 feet for more than a cumulative 15 min in any 24h period) with anyone who has exhibited any of the above symptoms?

Yes No

In the last 14 days, have you been in close contact (as defined above) or been actively coughed or sneezed on with anyone who has tested positive for COVID-19?

Yes No

Have you traveled within the last 14 days to an international location with widespread ongoing COVID-19 transmission as determined by the CDC or have you traveled on a cruise ship or river boat in the last 14 days?

Yes No

If you have tested positive for COVID-19, has it been at least 10 days since symptom onset or positive test notification (whichever is earlier) and at least 48 hours with no symptoms?

Does not apply (have not tested positive for COVID-19) Yes No

FOR OFFICIAL USE ONLY

Temperature: _____

Proof of Vaccination

COVID Test