Prospect Camp: COVID-19 Screen

Please complete this form to assess your potential exposure/possession of COVID-19 and other illnesses.

Name: _____ _____ _____ **LUID#**(if applicable)**:**_____
Last First MI

Sport: _____ **Gender:** ☐Male ☐Female **Cell Phone:** (_____) _____-_____

Birthdate: _____/_____/_____ **Age:** _____

Are you currently free from illness? ☐Yes ☐No

During your time away from Liberty University, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever	☐	☐		
Body Chills	☐	☐		
Extreme Fatigue	☐	☐		
Cough	☐	☐		
Pain/Difficulty Breathing	☐	☐		
Shortness of Breath	☐	☐		
Sore Throat	☐	☐		
Body/Muscle Ache	☐	☐		
Loss of Taste	☐	☐		
Loss of Smell	☐	☐		
Changes to Vision	☐	☐		
Eye Discharge	☐	☐		

QUESTION	YES	NO
2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?	☐	☐
Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (hot spots)	☐	☐
Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?	☐	☐
During your time away from Liberty University did you self-quarantine due to suspected symptoms or exposure of COVID-19?	☐	☐
During you time away from Liberty University have you been living in or have you visited an area reporting an increased number of COVID-19 cases (hot spots)?	☐	☐

Have you previously been or are you currently diagnosed with COVID-19? ☐Yes ☐No Date of Diagnosis: ____/____/____
Do you have medical documentation to support your diagnosis & treatment? ☐Yes ☐No ☐N/A

Physician Name: _____ Physician Location: _____

Have you left the country in the past 14 days? ☐Yes ☐No

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. _____ Dates: _____/_____/_____ - _____/_____/_____
2. _____ Dates: _____/_____/_____ - _____/_____/_____
3. _____ Dates: _____/_____/_____ - _____/_____/_____

Camper/Guardian Signature: _____**Printed Name**:_____
Date: _____/_____/_____