

Monocacy Aquatic Club
COVID Screening Survey



Every day swimmers must be able to answer NO to all of the following questions before coming to practice.

1. Have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?
2. Are you currently experiencing, or have you experienced in the past 10 days, any of the following symptoms? (Please take your temperature before you answer this question.)
 - Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
 - Cough
 - Congestion or runny nose
 - Shortness of breath or difficulty breathing
 - Sore throat
 - New loss of taste or smell
 - Chills
 - Head, muscle, or body aches
 - Fatigue
 - Nausea, diarrhea, or vomiting
3. In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?
4. In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?
5. In the past 14 days, have you traveled outside of the Continental United States?
6. In the past 14 days, have you been in close proximity to anyone who has traveled outside of the Continental United States?
7. Have you been tested for COVID-19 and are waiting to receive test results?
8. In the past 14 days, based on the above or other symptoms, have you been told by any doctor, medical professional, or other authority to self-quarantine for any reason?