

TWST Practice Screening Questions

Swimmer Name: _____ Practice Group: _____

Travel:

1. Has your swimmer traveled outside of the United States in the last 14 days?

Y or N

Symptoms:

1. Does your swimmer have ANY of the following symptoms:

Y or N

- Fever >100.1 or chills
- Recent/New Onset coughing (not related to allergies)
- Nasal congestion (not related to allergies)
- Recent/New Onset sore throat
- Recent/New Onset shortness of breath (not related to existing health problem, such as asthma)
- Muscle/body aches
- New loss of taste or smell

Exposure:

1. Has your swimmer or your family been in contact with a person positive for COVID-19 in the last 14 days?
2. Has anybody living with your swimmer been quarantined or furloughed in the last 14 days?

Y or N

Y or N