

Health Screening Inventory

Regarding your personal health, please answer the following questions to the best of your ability:

Are you currently experiencing, or have you experienced within the past 7 days any of the following symptoms?

Fever (Temp greater than or equal to 100.4 F)	Yes	No
Chills with shaking or teeth chattering	Yes	No
Sore throat	Yes	No
Frequent cough	Yes	No
Shortness of breath at rest	Yes	No
Pain or Tightness in your chest	Yes	No
Flu-Like Symptoms	Yes	No
Muscle pain (non-exercise related)	Yes	No
Loss of ability to taste or smell	Yes	No

Is any member of your household sick at home with bronchitis-like or cold symptoms?

Yes No

Are you or any member of your household awaiting COVID-19 test results, or have any of you been told to self-isolate?

Yes No

If you answered "yes" to any of the above questions, DO NOT attend the Classics AAU Basketball Club event – team practice, training, game or tournament, etc. Please notify your coach via email of your screening result by indicating "I answered yes to at least one question." Athlete and/or parent(s) should stay home and consult your personal physician for further guidance.

If you answered "no" to all of the above questions, before traveling to the Classics AAU Basketball Club event, please send an email to your coach indicating "I answered no to all questions."