



# Damascus Sports Association COVID-19 Activity Screening Questionnaire

1. Have you or your child Athlete experienced and cold or flu-like symptoms in the last 14 days?

Shortness of Breath (Y/N) \_\_\_\_\_

Cough (Y/N) \_\_\_\_\_

Fever (Y/N) \_\_\_\_\_

Respiratory Issue (Y/N) \_\_\_\_\_

2. Have you or your child Athlete been in contact with or cared for anyone diagnosed with or suspected to have COVID – 19 within the last 14 days? \_\_\_\_\_

3. For complete guidelines – please refer to the DSA Return to Play Guidelines.

\_\_\_\_\_

**Parent/Guardian 1**  
Damascus Sports Association Member

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Coach**  
Damascus Sports Association Volunteer

\_\_\_\_\_

**Date**