

**2020 Virginia Commonwealth Games COVID Questionnaire**

Name:

Contact #:

Sport:

Only mark yes below if symptoms cannot be attributed to another health condition.

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever (100.4° and ↑)				
Body Chills				
Sore Throat				
Cough				
Muscle Aches				
Shortness of Breath				

Anyone experiencing any of the symptoms above are not permitted in the venue/facility.

By signing below, I agree that my/my child's personal information and answers above are accurate and truthful.

Athlete Signature or Under 18 Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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