



COVID-19 Questionnaire – PEASTER HIGH SCHOOL ATHLETIC EVENTS

As required by Texas Education Agency, and in an effort to protect all students, employees, and their families from exposure to COVID-19, all participants and visitors must answer the following screening question:

DATE: \_\_\_\_\_

Visitor's Name: \_\_\_\_\_

Self-Declaration by Visitor

1. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?  
Yes                      No

2. Have you experienced any cold or flu-like symptoms in the last 14 days?  
(Cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit)      Yes                      No

If you answered yes to either of the above questions you will not be granted admission to athletic event.

\_\_\_\_\_  
Visitor's signature



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