

# TOUCHPOINT

PEDIATRICS, P.A.

## Covid-19 and Pre-sports Participation Screen

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Has the patient ever taken a Covid-19 PCR test? If so, when was date of last PCR test?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

2. Has the patient ever refused/not taken the Covid-19 test when it was recommended/offered?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

3. Has the patient ever been diagnosed with Covid-19?

\_\_\_ No. Skip to question 9. \_\_\_ Yes. If yes, where/when diagnosed? \_\_\_\_\_

4. Has the patient ever been hospitalized for Covid-19?

\_\_\_ No \_\_\_ Yes. If yes, where/when? \_\_\_\_\_

5. If the patient was diagnosed with Covid-19, please tell us the symptoms

\_\_\_ Asymptomatic/No symptoms

\_\_\_ Loss of taste/smell

\_\_\_ Headache

\_\_\_ Sore throat

\_\_\_ Nasal congestion/runny nose

\_\_\_ Cough

\_\_\_ Abdominal Pain

\_\_\_ Vomiting

\_\_\_ Diarrhea

\_\_\_ Rash

\_\_\_ Fever/chills

\_\_\_ Muscle aches

\_\_\_ Shortness of breath/trouble breathing

\_\_\_ Chest pain/tightness

\_\_\_ Palpitations

\_\_\_ Feeling faint/passing out

\_\_\_ Dizziness

\_\_\_ Fatigue requiring bedrest

\_\_\_ Other. Explain \_\_\_\_\_

6. If patient was diagnosed with Covid-19, did symptoms last more than 3-5 days?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

7. If patient was diagnosed with Covid-19, does patient still have any symptoms?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

8. Did patient have an ECG after COVID-10 diagnosis?

\_\_\_ No \_\_\_ Yes. Please explain \_\_\_\_\_

9. Please check if patient currently has any of the following symptoms?

\_\_\_ None

\_\_\_ Chest pain/tightness

\_\_\_ Shortness of breath/trouble breathing

\_\_\_ Unexplained fatigue requiring bedrest

\_\_\_ Palpitations (unusual heart beats)

\_\_\_ Dizziness

\_\_\_ Feeling faint/passing outs

\_\_\_ Inability/difficulty doing physical tasks that you could easily do before

\_\_\_ Swollen feet/legs or eyelids

\_\_\_ Unexpected weight gain/loss

In signing below, I acknowledge that to the best of my knowledge, the above information is true and accurate.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date