



GREEK ORTHODOX METROPOLIS OF CHICAGO

ΙΕΡΑ ΜΗΤΡΟΠΟΛΙΣ ΣΙΚΑΓΟΥ

Metropolis of Chicago GOAL Basketball COVID Screening

This Questionnaire shall be completed by GOAL player parent/guardian *prior* to their first game in the GOAL. Each player must have their own form completed, one per player.

To help protect against the spread of the novel coronavirus SARS-CoV-2, which causes the illness known as COVID-19, the Metropolis requests that GOAL player parents complete this questionnaire regarding potential exposure to COVID-19. If warranted, in accordance with guidance issued by the applicable public health authorities, you may be asked to self-quarantine for a temporary period.

The data we collect will be used solely in an effort to reduce the risk of COVID-19 transmission in the workplace and/or implementing an efficient and effective response in the event of a future COVID-19 diagnosis. It will not be shared with anyone beyond those who need it to apply the workplace safety and COVID-19 response policies. The data will be stored securely, and unless otherwise directed by a public health authority or other such body, we will destroy the data as soon as it is no longer needed for these purposes.

Questionnaire

1. In the past 14 days, has your child been diagnosed with COVID-19?
Yes ___ (answer sub-questions below) No ___ (skip to Question 2)
 - a. On what date(s)? _____
 - b. Since being diagnosed with COVID-19, has your child received two negative tests in a row, 24 hours apart? Yes ___ No ___
 - c. In the past 72 hours, has your child
 - i. Had a fever above 38.0 degrees Celsius / 100.4 degrees Fahrenheit? Yes ___
No ___
 - ii. Taken any medicine that reduces fevers (*i.e.*, Tylenol, aspirin, etc.)? Yes ___
No ___
 - iii. Experienced other symptoms indicative of COVID-19 such as coughing, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell? Yes ___ No ___
 - d. Have 7 days passed since your child's first symptoms? Yes ___ No ___
 - e. Has your child's healthcare provider or local health department advised you that they may cease your quarantine and return to work? Yes ___ No ___



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2. In the past 14 days, has your child been in close contact¹ with someone diagnosed with COVID-19? Yes____ (answer sub-questions below) No____ (skip to Question 3)
 - a. What date were they diagnosed? _____
 - b. What date was your child's most recent contact with this individual? _____
 - c. Has their healthcare provider or local health department lifted their quarantine? Yes____ No____ If yes, when? _____
3. To your knowledge, has your child been exposed to COVID-19 in the last 14 days? Yes____ No____
If yes, describe. Please add any comments, questions, or concerns that you have in connection with your child's potential COVID-19 exposure.

4. Is your child now experiencing or in the past 14 days have you experienced any of the following?
 - a. Fever above 38.0 degrees Celsius / 100.4 degrees Fahrenheit? Yes____ No____
 - b. Other symptoms indicative of COVID-19 such as coughing, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell? Yes____ No____
5. If you answered yes to Question 4,
 - a. In the past 72 hours (that is, three full days), have all of your child's symptoms subsided without the use of medicine that reduces fever? Yes____ No____
 - b. Have 7 days passed since his/her first symptoms? Yes____ No____
6. In the past 14 days, has your child traveled on a cruise ship or by air? Yes____ No____
If yes, please describe. _____

By signing below, both player and parent confirms that the information above is true to their knowledge and that the player will not attend practice if s/he is experiencing (or any member of his/her household is experiencing) the listed symptoms, etc.

CHILD (PLAYER) NAME & SIGNATURE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

¹ Note: The United States Centers for Disease Control and Prevention (CDC) defines "close contact" as being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time (such as while caring for, living with, or sharing a healthcare waiting area or room—for a period of approximately 10 minutes or longer), or having direct contact with infectious secretions of a person with COVID-19 (such as being coughed on).