CENTRAL FLORIDA GLIDERS

*Track & Field and Cross Country Running* www.cfgliders.com

**Screen for COVID-19**

1. *Do you have any of these symptoms that are not caused by another condition?*

Fever or chills

Cough

Shortness of breath or difficulty breathing

Fatigue • Muscle or body aches

Headache

Recent loss of taste or smell

Sore throat

Congestion

Nausea or vomiting

Diarrhea

2. *Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).*

3. *Have you had a positive COVID-19 test for active virus in the past 10 days?*

4. *Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?*