

USMS COVID-19 Attendee Screening Form

This form is no longer required by USMS, but is being provided to sanctioned events to use if desired or required by state or local health officials. If used, all attendees (swimmers, volunteers, officials, and facility staff) should complete the form in the 24 hours prior to the event and submit prior to entering the facility. If the answer to any of these questions is yes, the participant shall not attend the event unless clearance is given by their medical provider.

Name Printed		Date	
Name Signature		Temperature	
In the past 48 hours, have you had any of the following symptoms?			
Yes No	Fever of 100.4 F (38 C) or above	Yes No	Cough
Yes No	Trouble breathing, shortness of breath, or severe wheezing	Yes No	Muscle aches
Yes No	Chills or repeated shaking with chills	Yes No	Sore throat
Yes No	Loss of sense of smell or taste, or a change in taste	Yes No	Headache
Yes No	Nausea, vomiting, or diarrhea		
Yes No	Within the past 14 days, have you been in close proximity (6 feet or closer for a cumulative total of 15		
	minutes) to any individual who tested positive for COVID-19 or has symptoms consistent with COVID- 19?		
Yes No	Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or		
	are worried that you may be sick with COVID-19?		
Yes No	Are you currently waiting on the results of a COVID-19 test?		

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.