Saint Xavier University Health Center

3925 W. 103rd St
Chicago, IL 60655

Phone: (773) 298-3712
Fax: (773) 298-3906

COVID-19 Questionnaire: SXU Athletes

Name:_____ Date: _____

1. Have you been around anyone who has been diagnosed with COVID-19? YES NO

   If yes, when?

2. Have you previously been diagnosed with COVID-19? YES NO

   If yes, when?

3. Are you currently experiencing any of the following:
   - □ Shortness of breath
   - □ Fever
   - □ Sore throat
   - □ Unusual fatigue
   - □ Loss of appetite
   - □ Loss of taste or smell
   - □ None of these

Staff use only

Comments:

Form reviewed by: _____N.P.

Revised 6/2020