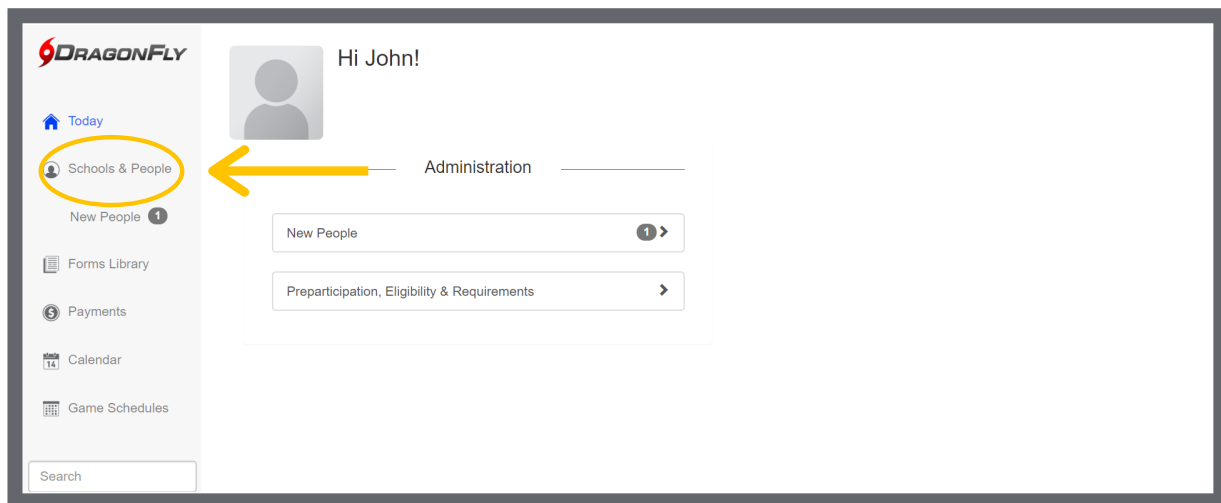




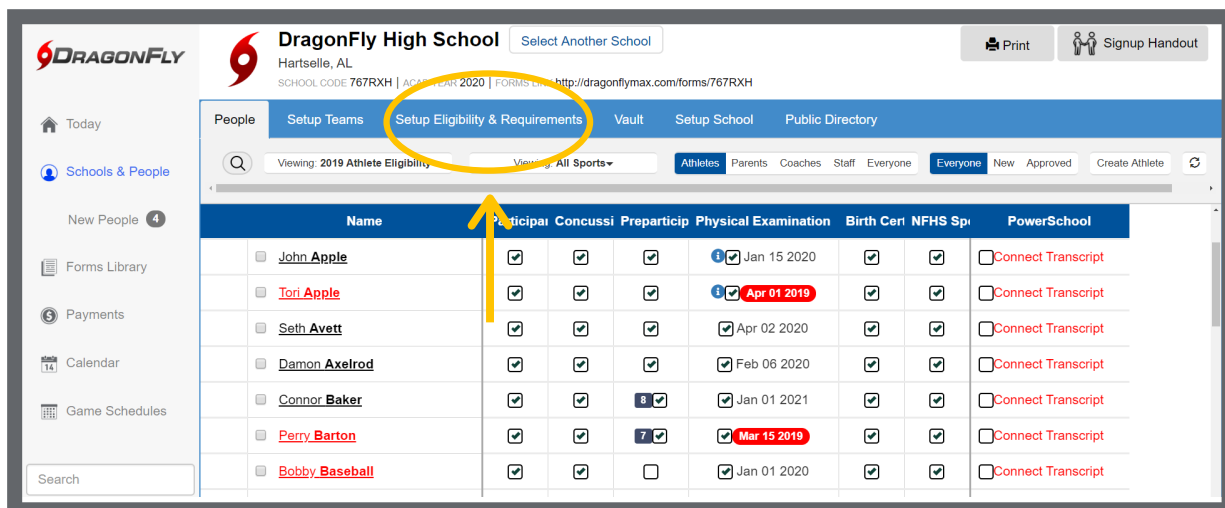
AHSAA COVID-19 SCREENING FORM

Add this form as a requirement for students and coaches this school year.

Step 1: Sign in to DragonFly on your web browser and select 'Schools and People' from the left-side menu.



Step 2: Select 'Setup Eligibility and Requirements' in the top menu.





Step 3: Select the correct academic year and either 'Athletes' or 'Coaches' from the top menu, depending on who you want to complete this requirement. Then select the 'Add Requirement' button in the top right corner.

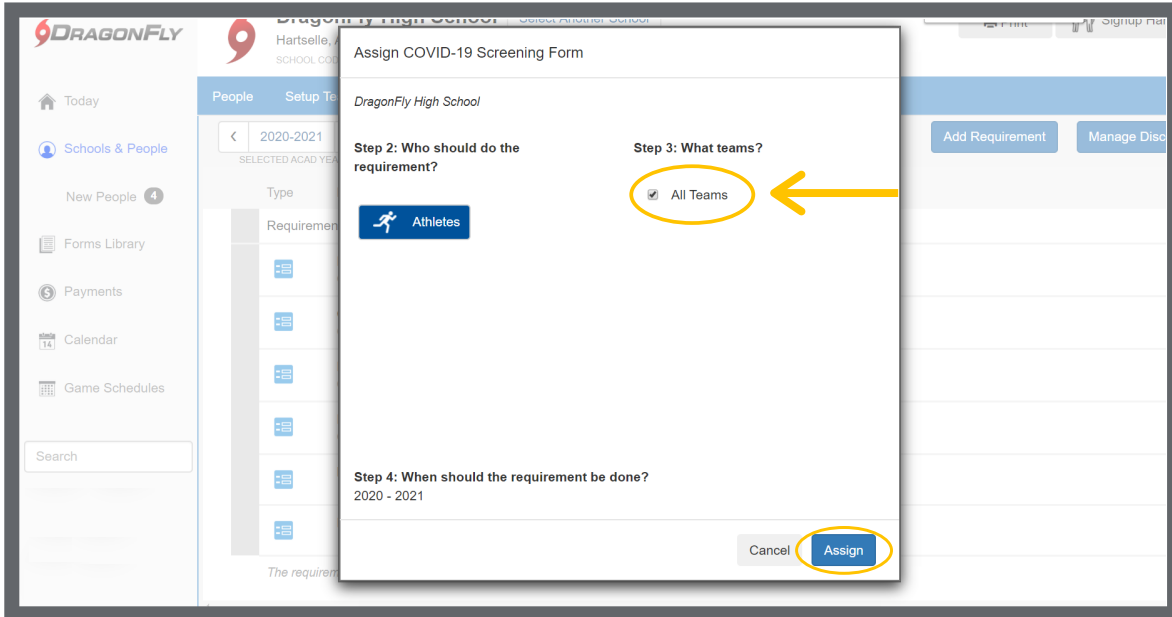
Type	Name	Required	Assigned By
Requirements from Alabama High School Athletic Association for Athletes for 2020-2021			
	Participant Agreement, Consent, Release, And Venue Good for 2020 academic year	Required	AHSAA
	Concussion Information Good for 2020 academic year	Required	AHSAA
	Preparticipation Physical Evaluation Form Good for 2020 academic year	Required	AHSAA

Step 4: Select the 'Standard Forms' tab then highlight the Covid-19 Screening Form under the AHSAA heading. Select 'Next' in the bottom right corner.

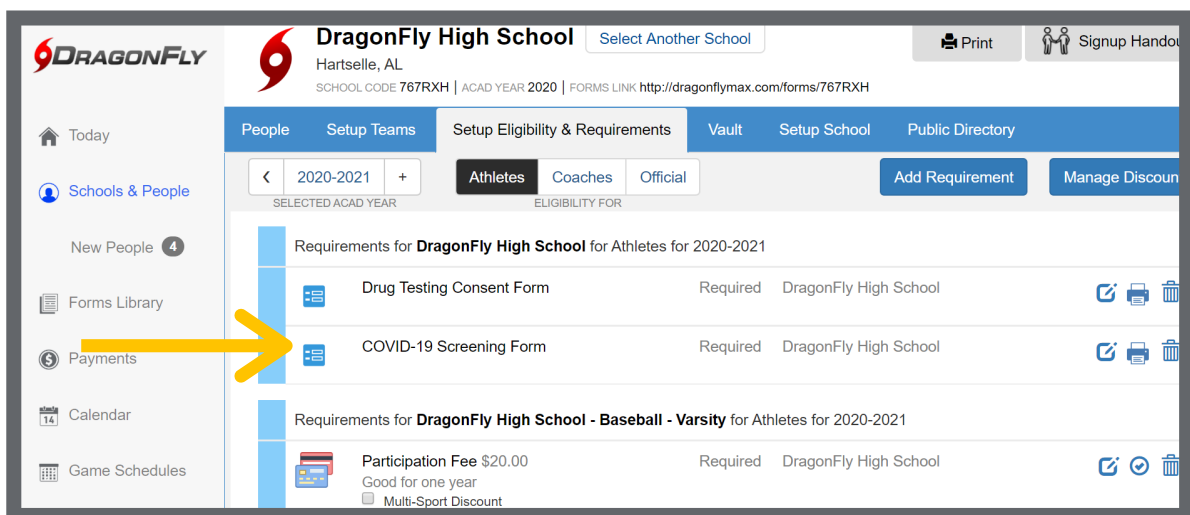
Name	Owner	Modified
Alabama High School Athletic Association (AHSAA)		
COVID-19 Screening Form 2020		5/26/20 4:08 PM
Preparticipation Physical Evaluation Form 2020		1/14/20 5:39 PM
Physical Examination 2019		1/9/19 4:27 PM
Tennessee Secondary School Athletic Association (TSSAA)		
Consent for Athletic Participation & Medical Care 2020		5/13/20 12:47 PM



Step 5: Select the 'All Teams' checkbox at the top of your teams list. Then select the 'Assign' button in the bottom right corner.



You will now see the Covid-19 Screening Form in your list of requirements. Your parents, students or coaches will fill out the form when they're completing pre-participation paperwork.





To view forms that have been submitted, select the 'People' tab to open the Eligibility Checklist. The Covid-19 Screening Form will have its own column in the checklist. To view a completed form, click on the checkbox associated with an individual, and the form will appear in an overlay. Use the arrows in the top right corner to view the next Covid-19 Screening Form, or select the 'X' icon to return to the checklist.

DragonFly High School | Select Another School | Print | Signup Handout

SCHOOL CODE: 767RXH | ACAD YEAR: 2020 | FORMS LINK: <http://dragonflymax.com/forms/767RXH>

People | Setup Teams | Setup Eligibility & Requirements | Vault | Setup School | Public Directory

Viewing: 2020 Athlete Eligibility | Viewing: All Sports | Athletes | Parents | Coaches | Staff | Everyone | Everyone | New | Approved | Create Athlete | Edit

Name	Preparticip	Physical Examination	Birth Cer	NFHS Sp	Drug	COVID-19 Screening Form	Participa	Bask
<input type="checkbox"/> Terrell McWhirter	<input type="checkbox"/>	<input checked="" type="checkbox"/> Feb 02 2020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
<input type="checkbox"/> Ann Marie Merritt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Feb 19 2020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-	-
<input type="checkbox"/> Perce Ntaje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
<input type="checkbox"/> Janie Ornot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
<input type="checkbox"/> Jessie Ornot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-

COVID-19 Screening Form

AHSAA COVID-19 Screening Form
Date: 2020-07-06

Name: **Ann Marie Merritt** Grade: **9**
Birth Date: **2008-02-05**

Yes No Have you travelled outside of Alabama within the last 14 days?
Locations: None
(Use "None" if you answered No above)

Yes No Temperature > 100.4 _____ Recorded Temperature
 Yes No Have you had contact with a person with a confirmed case of COVID-19?
 Yes No Have you had contact with a person with a suspected case of COVID-19?
*Contact is defined as less than 6 feet separation for more than 15 minutes without appropriate personal protective equipment.

Yes No Have you had a fever within the last 14 days?
 Yes No Have you had a forceful dry cough or productive cough within the last 14 days?
 Yes No Have you had difficulty breathing or shortness of breath within the last 14 days?
 Yes No Have you had chills or repeated shivering with chill within the last 14 days?
 Yes No Have you had new unexplained muscle pain within the last 14 days?
 Yes No Have you had new or atypical headache for you within the last 14 days?
 Yes No Have you had nausea, vomiting or diarrhea within the last 14 days?
 Yes No Have you had a sore throat within the last 14 days?
 Yes No Have you been tested for COVID-19 in the last 2 weeks?
This exclusion (false for preparticipation screening) include below:
 Yes No Have you had a recent sudden loss of taste or smell?

Additional Notes (if no additional notes, type "None"):
None

Advice given:
 Return home. Contact personal physician or local Health Department
 Conservative treatment, low suspicion for COVID

Revoke Approval | Update Approval Comments | Fill Out, Upload or Select a Document | Show Requirement History