Penn Medicine
Lancaster General Health

Sports Medicine

COVID-19: Pre-Screening Tool

Name ______________________________ DOB ____________________

Date ______________

Underlying Conditions		
Are you 65 years of age or older?	YES	NO
Do you have chronic lung disease or moderate to severe asthma?	YES	NO
Do you have a serious heart condition?	YES	NO
Are you immunocompromised (cancer treatment, smoking, bone marrow, or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications?	YES	NO
Do you have severe obesity (body mass index [BMI] of 40 or higher?	YES	NO
Do you have diabetes?	YES	NO
Do you have chronic kidney disease undergoing dialysis?	YES	NO
Do you have liver disease?	YES	NO

For Staff Review

Reviewed by: ________________________________ Title: ____________________________

Date: ________________

Cleared to participate? (Circle One) Green Yellow NO