BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA STATE ATHLETIC COMMISSION
2005 Evergreen St., Suite 2010, Sacramento, CA 95815
P (916) 263-2195 | TTY (800) 326-2297 | www.dca.ca.gov/csac

California State Athletic Commission
COVID-19 Pre-Screening Questionnaire

NAME: _____ **DATE OF BIRTH:** _____
(LAST) (MIDDLE INITIAL) (FIRST)

DATE OF EVENT: _____ **PROMOTER**: _____

Your role at the event:

☐ Athlete ☐ Second ☐ Manager ☐ Official
☐ Commission Personnel ☐ Promotion Personnel ☐ Media

Have you ever had COVID-19: ☐ YES ☐ NO Date you tested positive for COVID-19 _____

In the last fourteen (14) days, have you experienced any of the following: (check all that apply):

☐ Cough ☐ A temperature at or above 100.4° Fahrenheit

☐ Shortness of breath ☐ Sore throat

☐ Muscle aches that you cannot attribute to a specific activity such as physical exercise

☐ Close contact with someone who is currently sick with or suspected to have or had COVID-19 or an infectious disease declared by the State of California as a public health emergency.

Authorization to Use and Disclose Protected Health Information

This information is being provided voluntarily to the California State Athletic Commission (Commission) to allow the Commission to collect information about the applicant's physical health to allow the applicant to participate in a Commission sanctioned event during the COVID-19 public health emergency (Emergency), as defined in 16 CCR 299.5.

As the applicant, I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the Commission with copies of all my medical records, hospital records, or other related health information requested by the Commission in connection with this application, to allow me to participate in a Commission sanctioned event during the Emergency.

In providing this information, I understand that the information is being used solely to allow me to participate in the Commission sanctioned event that I am applying to participate in and that the information sought and provided by this release will be held confidentially, by the Commission, and not be distributed to anyone outside of the Commission, except to those who have a specific need to know the disclosed information for health related purposes only. I understand that the Commission is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations, including HIPAA, which I hereby expressly waive except to the extent that the information is improperly released by the Commission for any purpose unrelated to the stated reason of the disclosure set forth herein. I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the Commission sponsored event that I am applying to participate in.

This authorization shall remain valid for one year from the date of the Commission sanctioned event that I am applying to participate in. A copy of this authorization shall be as valid as the original.

SIGNATURE: _____ DATE: _____