COVID Questionnaire

DATE: **PRINT STAFF NAME:**

TEAM/AGE GROUP: **STAFF SIGNATURE:**

- Players and coaches should self-report as deemed necessary prior to each practice/event.
- Players and coaches must take temperature prior to departing for practice. Temperature must be below 100.4.
- The other symptoms should be marked as "N" – NO or "Y" Yes answers.
- For the column "Close Contact" the answer should reflect the following question:
  Within the past 14 days have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? If any responses are "YES", student will NOT be allowed to practice or compete, and will be asked to leave. Parent/Guardian will be notified.

NAME	TEMP 100.4	FEVER OR CHILLS	COUGH	SORE THROAT	SHORT OF BREATH	LOSS OF TASTE/SMELL	MUSCLE-ACHE	**CONTACT	MASK