

Covid Pre Game Screening

Objective: To minimize any impact to athletes during the response to the current COVID-19 Health Emergency, the following screening questions are necessary.

Coaches: Screen all athletes prior to the beginning of today's game and prohibit participation for those that answer "yes" to ANY of the following questions for 14 days.

Athlete's Name: _____ Team: _____

Temperature Check: _____

Do you have a fever (temperature over 100.3F) without having taken any fever reducing medications?

Yes No

Have you experienced signs or symptoms of COVID-19 such as fever, cough, sore throat, lost of taste/smell, or shortness of breath within the last 14 days?

Yes No

Is anyone in your household experiencing any of the above-listed symptoms?

Yes No

Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days?

Yes No

Have you had direct contact with someone who has a confirmed case of COVID-19 or is under investigation for possible COVID-19 infection within the last 14 days?

Yes No

Player Signature: _____ Date: _____

Coach's Signature: _____ Date: _____