



COVID-19 Screening Form

Instructions for use: Use one form for each player at every event. Parent/guardian needs to fill the form out and turn in to the coach prior to any event their child participates in. Player's temperature will be taken by their parent/guardian prior to any event participation and recorded below.

Coach Name: _____ Division: _____

Player Name: _____ Date: _____

1. Temperature taken prior to event: _____ (above 100.4° F cannot participate)
2. Are you experiencing shortness of breath or having trouble breathing? Y N
3. Do you have a dry cough? Y N
4. Have you recently lost or had a reduction in your sense of smell or taste? Y N
5. Do you have a sore throat? Y N
6. Are you experiencing chills or repeated shaking with chills? Y N
7. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days? Y N
8. Are you currently under isolation or quarantine orders? Y N
9. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days? Y N
10. Have you been tested for COVID-19 in the last 14 days? Y N

If yes, what is the result of the testing? _____

I agree to notify AYSO Region 174 if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand AYSO Region 174 has a legal and ethical obligation to inform me if a volunteer or player I had contact with tested positive for COVID-19 within 14 days.

Parent/Guardian Signature: _____

-----Admin Use Only-----

Once forms are collected, volunteers will review, sign and date the form for contact tracing purposes.

Volunteer Signature & Date: _____