



COVID-19 Participant 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 at home prior to arrival at the fields and recorded below.

Participant Name: _____ Date: _____

1. Participants temperature taken prior to event: _____ (above 100.4° F cannot participate)
2. Is the participant experiencing shortness of breath or having trouble breathing? Y / N
3. Does the participant have a dry cough? Y / N
4. Has the participant recently lost or had a reduction in their sense of smell or taste? Y / N
5. Does the participant have a sore throat? Y / N
6. Is the participant experiencing chills or repeated shaking with chills? Y / N
7. Is the participant currently under isolation or quarantine orders? Y / N
8. Has the participant or anyone in the participant's household been in contact with someone who has had any of the above symptoms? Y / N
9. Has the participant or anyone in the participant's household been in contact with someone who has tested positive for COVID-19 in the last 14 days? Y / N
10. Has the participant 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 795 as soon as possible, but within a reasonable time frame prior to the next session, if the participant or anyone in the participant's household becomes ill with COVID-19 symptoms or tests positive for COVID-19.

Parent/Guardian Signature: _____

-----Admin Use Only-----
Once forms are collected, volunteers will review and staple together with the coach/volunteer sheet for that cohort/group.
