

COVID-19 Health Questionnaire

All players/volunteers/parents must complete the following questionnaire before coming to the field. Temperature check will be performed at the field and a team volunteer will confirm that each person does not have COVID-19 symptoms. (The form does not need to be brought to the field. It is a tool for you to use at home, prior to coming to the field.)

DO NOT ATTEND IF:

- You/your player answers YES to any of the questions below
- You/your player are feeling unwell for any reason
- You/your player have been in close contact (longer than 15 minutes and within 6 feet) with someone who is feeling unwell with COVID-19 symptoms

1. Do you have a temperature of 100.4 F or higher?	
Yes	No
2. Do you have any of these <u>persistent</u> symptoms within the last 3 days or tested positive for COVID-19?	
Yes	No
Sneezing/Runny Nose Coughing Shortness of breath	Sore Throat Headache Severe fatigue
New onset rash Loss of taste or smell Muscle aches	Nausea Diarrhea Vomiting
3. Have you had close contact (within 6 feet for more than 15 minutes) with a person who has the symptoms listed above and/or has tested positive for COVID-19?	
Yes	No
4. Have you traveled outside the US in the last 14 days? (If yes, do not attend practice for the next 14 days)	
Yes	No