TEAM _____

COVID - 19 Screening Tracker Please fill in the Date and have parents initial that their players is symptom free

Player Name Date																								

Symtoms include: Cough, Shortness of breath, Nausea, Vomiting, Fever, Chills, New loss of taste/smell, Tiredness, Headache, Chest pain,

Conjunctivitis, Rash or skin discoloration on fingers or toes, Aches/pains, Sore throat