



COVID-19 Questionnaire

JSC Tournament

1. Have you had any of the following symptoms in the past 2 weeks:
 - a. Fever?
 - b. Cough?
 - c. Shortness of breath or difficult breathing?
 - d. Shaking chills?
 - e. Chest pain, pressure, or tightness with exercise?
 - f. Fatigue or difficulty with exercise?
 - g. Racing heart rate?
 - h. Unusual dizziness?
 - i. Loss of taste or smell?
 - j. Sore throat?
 - k. Nausea, vomiting, or diarrhea?
 - l. Unusual rash or painful discoloration of fingers or toes?

2. Do you have a family or household member who currently has or has been diagnosed with COVID-19 in the past 14 days?

3. Have you been diagnosed with or tested positive for COVID-19 infection in the Past 10 days?

Player Name: _____ Team Name: _____

Guardians Signature: _____ Date: _____