

TEAMX SPORTS COVID-19 HEALTH SCREENING

The safety of our participants and staff is our overriding priority. As the coronavirus (COVID-19) pandemic persists, TeamX Sports is taking precautionary measures to ensure the safety of our participants and staff. As a condition of play, a health screen for all players must be completed and presented in hard copy as they enter playing areas. **NO PLAYER WILL BE ALLOWED TO ENTER THE VENUES WITHOUT A COMPLETED HEALTH SCREEN FORM.**

Please respond to each of the following questions truthfully and accurately.

Parent/Guardian Name: (Print)	Phone Number:
Player Name:	
Player Division (please circle) 7U 8U 10U 12U 14U 16U	
Head Coach Name:	

1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? <i>(Please take your temperature before you answer this question.)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New or Worsening Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of Breath or Difficulty Breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sore Throat (not seasonal allergies related)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New Loss of Taste or Smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, Diarrhea, Vomiting</p>
2	<p>Do you have a household member or close contact who has been diagnosed with Covid 19 in the past two weeks or have you been in contact with anyone who was experiencing any of the above symptoms within the past two weeks?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>In the past 14 days, have you travelled to any of this country's hotspots or been on a commercial flight or traveled outside of the United States or been in contact with anyone who has traveled outside the US?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE DO NOT ATTEND THE CURRENT BASKETBALL EVENT UNTIL YOU ARE MEDICALLY EVALUATED AND CLEARED OF COVID 19

Certification

I certify that the responses provided above are true and accurate to the best of my knowledge.

Parent Signature: _____ Date: _____

BELOW IS FOR TEAMX SPORTS ADMINISTRATION ONLY

PLAYER TEMPERATURE: _____ TEAMX STAFF/ INITIALS _____

FINDINGS:

If the individual has positive findings on the screening form, they should stay home or be sent home immediately. The player is not eligible to return until they present documentation signifying the SARS-COV-2 test was negative or they present documentation from their health care provider stating they do not need to be tested and that their symptoms are not due to COVID-19.

If an individual receives a positive COVID-19 diagnosis:

1. Notify the Coach and Sports Director Immediately

If an individual not wearing a mask is confirmed to have Covid-19, the following MUST occur:

1. All persons who have been in the presence of the diagnosed individual up to 48 hours before they started showing symptoms will be excluded from participation for 14 days
2. If any TeamX Quakertown teams participate in Intraleague play the TeamX Sports Director will make immediate contact with the TeamX Affiliate Director to initiate immediate contact tracing.

Returning Play post COVID-19 Diagnosis with no or only mild symptoms (NOT HOSPITALIZED)

Individuals must meet all the following criteria to return to play:

1. At least 14 days have passed since symptoms first appeared. During this time, the player/coach should participate in any exercise while monitoring for worsening symptoms.
2. Symptoms have resolved and there is no fever (<100.4) for 72 hours without fever reducing medication; improvement in respiratory symptoms (cough, shortness of breath)
3. The player should be evaluated and provide documentation clearing the player for sport participation from a medical provider (MD, DO, NP, PA). Individuals without a medical provider can contact their local public health agency

After returning, the Player/Coach should increase participation and exercise in a gradual and individualized process while monitoring for exercise fatigue or worsening symptoms. This individualized process should be generated as a joint decision between the medical provider, coach and sports director. If symptoms worsen or new symptoms occur during gradual return of play such as, but not limited to, chest pain, chest tightness, palpitations, and or lightheadedness, the player/coach should be reevaluated by a medical provider

Covid19 Compliance Commitment

1. Spectators will wear a mask at all times while present at the venue
2. Spectators will stand in designated areas while maintaining six foot social distance
3. No more than one spectator (family and/or extended family) per registered player are permitted at the venue at one time
4. Every registrant must present their Health Screen form each week prior to being permitted to play
5. Every player will have their temperature recorded by TeamX staff each week prior to being permitted to play

In order to implement, monitor and enforce the Return to Play Safety Measures outlined above, TeamX Sports has elected to eliminate mid-week practices until such time that the risk of COVID-19 has been substantially reduced. TeamX will build in practice times prior to Saturday games to partially mitigate the loss of mid-week practices.