



Player Well Check Form

Player Name: _____

Date: _____

WLL COVID Safety Guidelines state: Prior to taking the field for the first practice, parents and volunteers will sign-off on a well-check survey.

1. In the past 24 hours, the player or volunteer (or any member of the household) had any of the following?

	<i>Yes</i>	<i>No</i>
<i>Fever (over 99.6 degrees F)</i>		
<i>Moderate to Severe Coughing</i>		
<i>Shortness of breath or difficulty breathing</i>		
<i>Persistent pain, pressure, or tightness in chest</i>		
<i>New loss of sense of smell or taste</i>		
<i>Chills</i>		
<i>Muscle pain</i>		

WLL COVID Safety Guidelines state: If a volunteer or player answers yes to any of the symptoms above, we ask that you stay home until the symptoms are gone or until your physician has stated it is safe to return.

2. Has the player/volunteer, a family member or any known close contact had any of the following occur?

	<i>Yes</i>	<i>No</i>
<i>Diagnosis of COVID-19 infection or any other communicable disease</i>		
<i>Waiting on test results for COVID-19 infection</i>		
<i>Symptomatic, but unable to get tested for COVID-19</i>		

WLL COVID Safety Guidelines state: If a player or volunteer has been in close contact with someone who has tested positive, awaiting test results, or is presumed to be positive for COVID-19, that player/volunteer may not return to practice for 14 days from last contact.



Player Well Check Form

Parents are responsible for alerting the team manager if the status on the well-check survey changes from practice to practice. Check that you understand and will comply.

I understand and will comply with the WLL policy.

Parent/ Guardian Printed Name

Parent/ Guardian Signature

**This document is to be maintained by the team Manager with
player Medical Release Forms and destroyed at the end of the season.**