



## COVID-19 Screening Form

Instructions for use: Use one form for each player at every event. Parent/guardian needs to fill the form out and turn in to the coach prior to any event their child participates in. Player's temperature will be taken by their parent/guardian prior to any event participation and recorded below.

COACH NAME \_\_\_\_\_

DIVISION \_\_\_\_\_

Player Name:

\_\_\_\_\_

1. Temperature taken prior to event: \_\_\_\_\_ (above 100.4° F cannot participate)
2. Are you experiencing shortness of breath or having trouble breathing?   Y   N
3. Do you have a dry cough?   Y   N
4. Have you recently lost or had a reduction in your sense of smell or taste?   Y   N
5. Do you have a sore throat?   Y   N
6. Are you experiencing chills or repeated shaking with chills?   Y   N
7. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?   Y   N
8. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?   Y   N
9. Have you been tested for COVID-19 in the last 14 days?   Y   N

If yes, what is the result of the testing? \_\_\_\_\_

I agree to notify the league if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand the league has a legal and ethical obligation to inform me if a volunteer or player I had contact with tested positive for COVID-19 within 14 days.

Parent/Guardian Signature

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