

COVID-19 Health Screening Form for Participants and Visitors

In an effort to reduce the risk of COVID-19 exposure to all participants and visitors, must wear a mask or face covering and complete the following screening questions:

Date: _____

Name: _____ Cell Phone number: _____

Membership # _____ Long Term Problem And Division: _____

Coach's Name: _____

Self-Declaration by Visitor *		
	YES	NO
Have you been diagnosed with or tested positive for COVID-19/Coronavirus in the past 14 days without having had a follow up Covid-19 test with a negative result?		
Have you had a temperature above 100.4 degrees within the last 48 hours?		
Have you experienced any of the following symptoms associated with COVID-19 (listed below) ** in the last 14 days: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?		
Have you had close contact with or cared for someone diagnosed with or experiencing symptoms associated with COVID-19 within the last 14 days?		
Have you traveled outside of the country or been in close contact with anyone who has traveled outside of the country within the last 14 days?		

Participants/Visitors answering yes to any of the above questions will not be permitted access to or remain on site.

Participant/Visitor signature: _____

Parent or Legal Guardian Signature if under 18: _____

For internal use:

Access to facility (circle one): Approved Denied

Reviewed by: _____

Reviewer's signature: _____

* If under the age of 18, parent and/or legal guardian must complete.

** <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>