

Daily COVID-19 Screen Questionnaire

““Common sense above all else””

Name of Player:

Date:

- Have you or has anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with anyone with known or suspected COVID-19? ___ Yes ___ No

- Do you currently have any of the following symptoms?
 - Fever (100.4°F or higher), or a sense of having a fever. ___ Yes ___ No
 - New cough that you cannot attribute to another health condition. ___ Yes ___ No
 - New shortness of breath that you cannot attribute to another health condition. ___ Yes ___ No
 - New sore throat that you cannot attribute to another health condition. ___ Yes ___ No
 - New muscle aches that you cannot attribute to another health condition or that may have been caused by a specific activity (such as physical exercise). ___ Yes ___ No

If an individual answers **YES** to any of the screening questions, immediately contact your doctor and stay home until advised otherwise by your doctor.

Parent/Guardian Signature _____