On Deck Preseason Training Camp

Daily Health Screening of Staff and Children for COVID-19

On Deck is committed to safety during the COVID-19 pandemic. All players and staff <u>must</u> complete this written questionnaire on each day when they attend Preseason Training Camp. A parent's signature is required for all players under the age of 18. If you answer "yes" to any of the questions below, you will not be allowed to participate in any Preseason Training Camp sessions until cleared in writing by a physician. If any player or staff member arrives at the On Deck facility without a signed and dated questionnaire, they will not be allowed into the facility and may not participate in that day's session.

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	your immediate family, have a fever*, cough, shortness of breath ew loss of taste or smell (vomiting or diarrhea, children only)?
Yes / No _	
☐ Have you, or anyone in you	r immediate family:
o Had any of these sym	ptoms since last time you were last here?
Yes / No	
	th anyone with fever*, cough, shortness of breath or difficulty oss of taste or smell (vomiting or diarrhea, children only) since the?
Yes / No _	
o Potentially been exp COVID-19?	osed** to COVID-19 or have reason to believe you/they have
Yes / No	
	by a thermometer reading 100.4 or higher or by subjective signs, fatigue, extreme fussiness, chills, shivering, sweating, achiness, drinking.
**Exposure is sharing or has symptoms of CO	a household or having close contact with anyone with COVID 19 VID 19.
Player Name:	
Parent Name:	
Parent Signature:	
Date:	