



# COVID-19 Screening Form

Instructions for use: Use one form at every event. Volunteer needs to fill the form out and turn in to the designated board member prior to any event they participate in. Volunteer's temperature will be taken at the field prior to any event participation and recorded below.

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

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. Are you currently under isolation or quarantine orders?    Y    N
9. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?    Y    N
10. 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 AYSO Region 174 if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand AYSO Region 174 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.

Volunteer Signature: \_\_\_\_\_

-----Admin Use Only-----

Once forms are collected, volunteers will review, sign and date the form for contact tracing purposes.

Administrator Signature & Date: \_\_\_\_\_