**JYFA COVID-19 Player Screening**

**Program: Person Completing Form: Date:**

Screen each player for symptoms​ before they start practice or game.

Fill in an answer (y=yes, n=no) for each symptom for each player. If a player reports any of the symptoms**, send the player home**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Player Name | Fever 100.4°F or above | New or worsening cough | Shortness of breath or difficulty breathing | Chills | Muscle aches | Sore throat | New loss of taste or smell | Household member or close contact with COVID-19 in the last 2 weeks? | **Other Symptoms\***  |
| Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
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**\*COVID-19 symptoms include: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea**