

# TeamX Orefield COVID 19 Health Screen Form

**During the last 48 hours have you had any of the following symptoms:**

A temperature of 100.4 or higher?  Yes  No

New or worsening cough?  Yes  No

Shortness of breath or Trouble breathing?  Yes  No

Sore throat (that is different from seasonal allergies)?  Yes  No

New Loss of smell and/or taste?  Yes  No

Diarrhea or vomiting?  Yes  No

Do you have a household member or close contact who has symptoms with COVID 19 in the past 2 weeks?  Yes  No

**If you have answered yes to any of the above:**

- 1) You will not be permitted to practice or play
- 2) Please contact your family physician **OR**  
Call 866-785-8537 (STLUKES) and press option 7, or  
email [coronavirus@sluhn.org](mailto:coronavirus@sluhn.org).

**Parent's signature below designates that this self-screening was conducted prior to reporting to venue and the information provided is true and factual to the best of the parent's or participant's knowledge.**

Printed Participant's Name: \_\_\_\_\_

Printed Team Name/Coach's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Temperature: \_\_\_\_\_

TeamX Staff or Coach's initials: \_\_\_\_\_