



COVID-19 CHECKLIST

Students/Coaches should self report as deemed necessary prior to each practice or event.

Temperature may be taken from a designated individual as needed. Symptoms should be marked as no or yes answers, and be answered based on the last 24 hours. If any responses are "YES", the athlete will not be allowed to practice or compete, and will be asked to leave the field to a designated safe area until the guardian can return.

Players Name:

Players Grade:

Sport this season: Boys Soccer

Today's Date: /2020

In the last 24 hours has your child:

1. Had a fever over 100.4 degrees or chills?
2. Had a cough?
3. Had a sore throat?
4. Been short of breath? (outside of normal exercise)
5. Experienced loss of taste or smell?
6. Experienced vomiting or diarrhea?
7. Any close contact within the last 14 days with someone who is currently sick with suspected or confirmed COVID-19? (Note- close contact is defined as within 6 feet for more than 10 consecutive minutes without PPE equipment)

PLEASE INITIAL ONE:

_____ I CONFIRM THE ANSWERS TO EVERY QUESTION ABOVE IS "NO"
_____ ONE OR MORE QUESTIONS ABOVE IS "YES" SO MY CHILD IS UNABLE TO PRACTICE TODAY AND I WILL CONTACT OUR HEALTH CARE PHYSICIAN IMMEDIATELY FOR FURTHER INSTRUCTIONS.

SEND TO YOUR COACH ONLY - AFTER 12 noon but no later than 15 minutes before each session or game!