



COVID -19 SCREENING UPDATE

Please answer the following questions.

1. Since your last game, have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19 in the last 14 days?

Yes No

2. Since your last game, have you been around anyone that has had a fever, cough, sore throat, headache, muscle/body aches, fatigue, chills, nausea or vomiting, diarrhea, shortness of breath, or loss of taste and/or smell in the last 14 days?

Yes No

3. Since your last game, have you personally experienced a fever, cough, sore throat, headache, muscle/body aches, fatigue, chills, nausea or vomiting, diarrhea, shortness of breath, or loss of taste and/or smell in the last 14 days?

Yes No

PRINT NAME

SIGNATURE

DATE