



HEAT FC SPARKS ACADEMY HEALTH SURVEY

COVID-19 HEALTH ASSESSMENT SURVEY

1. Have you experienced any of the following symptoms in the past 48 hours?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Headache
 - New loss of taste or smell
 - Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have a confirmed case of COVID-19 or with anyone who has any symptoms consistent with COVID-19?
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?
4. Are you currently waiting on the results of a COVID-19 test?



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