

# Charlie Heger Ice Rink at Pershing Field

## Visiting Team Health Questionnaire

This is to be filled out by Parents/Caregivers of players or by coaches/managers for themselves on the day of a game and handed in at the check in/temp check table. This form will need checked off against a USA Hockey Roster. Players/Coaches/Managers without this filled in will NOT be allowed to participate. **NO EXCEPTIONS!**

\_\_\_\_\_  
Team Name

\_\_\_\_\_  
Age Group/Level (Mite, Squirt, PW, etc)

\_\_\_\_\_  
Player/Coach/Official First and Last Name

Have you experienced a fever of 100.4 degrees F. or great in the past 14 days? **YES NO**

Have you received a positive result from a COVID-19 test within the past 14 days? **YES NO**

Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days? **YES NO**

In the past 14 days, have you, or someone you have been in contact with, traveled outside your state/province/country or to an area with restrictions due to COVID-19? **YES NO**

In the past 14 days, have you experienced any of the following symptoms not attributed to another health condition? Circle any that apply.

- Cough
- Loss of smell or taste
- Runny nose
- Shortness of breath
- Sore throat
- None of the above

Temperature (if taken today) \_\_\_\_\_

I certify to the best of my knowledge; this information is accurate.

\_\_\_\_\_  
Parent/Caregiver/Coach/Official PRINTED

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver/Coach/Official Signature

\_\_\_\_\_  
Parent/Caregiver/Coach/Official Contact Number