

SPORTING KAW VALLEY COVID-19 SCREENING FORM

This form must be printed, completed and signed by a parent or guardian prior to each practice and league/tournament game and turned into your coach. Failure to do so will prevent your player from participating.

Is your player currently experiencing any of the following symptoms of COVID-19 as represented by the CDC :

- Fever or chills YES NO
- Cough YES. NO
- Shortness of breath or difficulty breathing YES NO
- Fatigue YES NO
- Muscle or body aches YES NO
- Headache YES NO
- New loss of taste or smell YES NO
- Sore throat YES NO
- Congestion or runny nose YES NO
- Nausea or vomiting YES NO
- Runny nose YES NO

Has your player had a fever over 100.0 degrees in the last 48 hours?

YES NO

Has your player or a member of your household traveled to a COVID-19 hotspot within the last 14 days?

YES NO

Within the last 14 days, has your player been in close contact (within 6 feet) with someone who has tested positive for or is experiencing symptoms of COVID-19?

YES NO

If a parent answers NO to all of the questions, the player can attend the practice/game. If a parent answers YES to any of the questions, parents/players must contact their primary care physician to determine the next steps of COVID-19 testing, quarantine, or ability to return to normal daily activities.

Player Name _____ Date _____

Coach Name _____ Practice/Game Time _____

Practice/Game Location (Complex/Field#) _____

Parent/Guardian Signature _____

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