



COVID19 SYMPTOM CHECKLIST

Due to the pandemic outbreak of COVID19 strict guidelines have been put in place to ensure the health and safety of all our players, coaches, volunteers and parents.

Please let us know if you have or have had any of the symptoms listed below within the last 72 hours, or have been around or cared for anyone with any symptoms within the last 72 hours with these symptoms.

Symptom Check:

1. Cough? _____
2. Sore throat? _____
3. Shortness of breath? _____
4. Difficulty breathing? _____
5. Loss of taste or smell? _____
6. Chills? _____
7. Muscle Pain? _____
8. Headache? _____
9. Diarrhea? _____
10. Allergies? _____
11. Are you living with anyone who is sick or quarantined? _____
12. Have you had a fever or felt feverish? _____
13. Have you been around anyone exhibiting these symptoms within the last 14 days? _____
14. Have you been around anyone that has tested positive for COVID19? _____
15. Have you traveled out of the country within the last 14 days? _____