Date: **School:**

Team:

First Name	Last Name	Temperature above 100.4	Are you currently diagnosed with or believe you may have COVID-19?	Have you had any of the symptoms of COVID-19 in the past 14 days	High Temperature (fever)	A new continuous cough	New unexplained shortness of breath	Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days
			Y / N		Y / N	Y / N	Y / N	Y / N

If you have answered YES to any of these questions you should stay at home and inform your coach and medical provider.
You should follow your current Public Health guidance.