

COVID-19 SCREENING QUESTIONNAIRE

The safety of our players, staff, and coaches is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to all personnel, we are asking everyone to complete and submit this questionnaire prior to entering the facility. Please do not enter the facility until your responses have been reviewed and your entry has been approved. Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and all other personnel.

NAME: _____

DATE: _____

1) Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

(Please circle response)

Yes / No Fever (100.4° F/37.8° C or greater)

Yes / No Cough

Yes / No Shortness of breath or difficulty breathing

Yes / No Sore Throat

Yes / No New loss of taste or smell

Yes / No Chills

Yes / No Head or muscle aches

Yes / No Nausea, diarrhea, vomiting

2) In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? Yes / No

3) In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes / No

4) Have you been tested for COVID-19 and are waiting to receive test results? Yes / No

5) Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes / No

6) In the past 14 days, have you traveled to a restricted state or traveled outside of the United States? Yes / No

7) In the past 14 days, have you been in close proximity to anyone who has traveled to a restricted state or traveled outside of the United States? Yes / No

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and that any exposure to COVID-19 will be reported to Atlantic Valley Volleyball Club immediately. All reports of potential or confirmed COVID-19 cases will be kept confidential to the extent possible, and no personally identifying information will be released.

Signature: _____

Date: _____

Guardian Signature if under 18 years of age: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential.

-----AVVC Personnel Use Only Below This Line-----

Access to facility (circle one):

Approved

Denied



Age Group _____