

Westview Lacrosse

of Beaverton, OR

My Health Check Survey

In order to prevent the spread of COVID-19 and reduce the potential risk of exposure to our community, we are requiring everyone to complete this questionnaire prior to participating at each practice. Athletes may not enter the field until this paperwork has been turned in and approved.

Player Name: _____

Date: _____

In the last 24 hours, have you experienced? (circle one):

Fever (100.4° F or greater): Yes No

Loss of taste or smell: Yes No

Chills: Yes No

Cough, new or worsening: Yes No

Shortness of breath: Yes No

Sore throat: Yes No

Headache or muscle aches: Yes No

Nausea, diarrhea, vomiting : Yes No

Certification

I hereby certify that the responses provided are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Access to the field (circle one): Approved Denied