



Player & Coach COVID-19 Daily Symptom Checklist

Player or Coach Name: _____

Date: _____ Team: _____

Parent signature if filling out for a Player _____

- 1) Is the Player or Coach exhibiting any symptoms of COVID-19, including but not limited to a cough, shortness of breath, difficulty breathing, loss of taste or smell, headache, chills, muscle/body aches and/or sore throat or been exposed to anyone with these symptoms or that is positive for COVID-19 (Circle one)

NO

YES

(If yes, you/they must not participate and must notify Physician, coach, manager, GCYHAhealth@gmail.com

and be cleared by Physician to return.)

- 2) Is the Player or Coach temperature 100 degrees F or higher? (circle one)

NO

YES

(If yes, you/they must not participate and must notify Physician, coach, manager, GCYHAhealth@gmail.com

and be cleared by Physician to return.)

***I have not given or taken any fever reducing medication to achieve a temperature of 100 degrees F or lower (Initial here)_____*

- 3) In the past 14 days has the Player or Coach traveled outside of the CT/NY/NJ area or to a CT. travel advisory state? (circle one)

NO

YES

(If yes, you/they must not participate until total of 14 days has passed and must notify coach, manager and GCYHAhealth@gmail.com)