RDJFA COVID-19 PLAYER/COACH QUESTIONNAIRE

(Must be filled out no more than 24 hours prior to event)
(Please bring with you and hand in to the head coach or COVID Parent Admin)

1) PLAYER or COACH **(circle one)**

2) NEXT SCHEDULED EVENT DATE: _____

3) PLAYER / COACH FULL NAME: _____

4) GUARDIAN FULL NAME: _____

5) LEVEL ***(circle one)*** **K / 1 / 2 / PW / JN / SN**

6) Do you, or your child have a new cough that you cannot attribute to another health condition? ***(circle one)*** **YES / NO**

7) Do you, or your child have new shortness of breath that you cannot attribute to another health condition? ***(circle one)*** **YES / NO**

8) Do you, or your child have any of the following symptoms: Fever(100.4 degrees or higher), chills, repeated shaking with chills, muscle pain, headache, sore throat, or nloss of taste or smell?

(circle one) **YES / NO**

9) Have you, or your child taken any medications to reduce a fever?

(circle one) **YES / NO**

10) Have you, or your child come into close contact (within 6 feet) with someone who has a laboratory-confirmed Covid-19 diagnosis in the past 14 days?

(circle one) **YES / NO**

11) Have you, or your child traveled to any of the states listed on the "Travel Advisory States" in the past 14 days? ***(circle one)*** **YES / NO**

12) If you answered **YES TO ANY** of the screening questions, **STAY HOME** and immediately contact your doctor and keep your child home until advised otherwise by your doctor.

_____ _____

Parent (Guardian) Signature **OR** Coach Signature