



PLAYERS COVID-19 HEALTH SURVEY

**IS THE PLAYER CURRENTLY EXPERIENCING, OR HAVE THEY EXPERIENCED IN THE PAST 14 DAYS, ANY OF THE FOLLOWING SYMPTOMS?**

	<u>YES</u>	<u>NO</u>
FEVER GREATER THAN 100.4F / 37.8C	<input type="radio"/>	<input type="radio"/>
COUGH	<input type="radio"/>	<input type="radio"/>
SHORTNESS OF BREATH OR DIFFICULTY BREATHING	<input type="radio"/>	<input type="radio"/>
SORE THROAT	<input type="radio"/>	<input type="radio"/>
A NEW LOSS OF TASTE OR SMELL	<input type="radio"/>	<input type="radio"/>
CHILLS	<input type="radio"/>	<input type="radio"/>
HEAD OR MUSCLE ACHES	<input type="radio"/>	<input type="radio"/>
NAUSEA, DIARRHEA OR VOMITING	<input type="radio"/>	<input type="radio"/>

**IN THE PAST 14 DAYS HAS THE PLAYER BEEN IN CLOSE PROXIMITY TO ANYONE WHO WAS EXPERIENCING ANY OF THE ABOVE SYMPTOMS? CLOSE PROXIMITY IS DEFINED AS BEING 6 FEET OR CLOSER FOR MORE THAN 15 MINUTES, OR BEING IN DIRECT CONTACT WITH FLUIDS FROM AN INDIVIDUAL (EX. BEING COUGHED OR SNEEZED ON)**

YES NO

**IN THE PAST 14 DAYS, HAS THE PLAYER TESTED POSITIVE OR BEEN IN CLOSE PROXIMITY TO ANYONE WHO HAS TESTED POSITIVE FOR COVID-19? CLOSE PROXIMITY IS DEFINED AS BEING 6 FEET OR CLOSER FOR MORE THAN 15 MINUTES, OR BEING IN DIRECT CONTACT WITH FLUIDS FROM AN INDIVIDUAL (EX. BEING COUGHED OR SNEEZED ON)**

YES NO

**IS THE PLAYER CURRENTLY WAITING TO RECEIVE RESULTS FOR A COVID-19 TEST?**

YES NO

**WITHIN THE PAST 14 DAYS, HAS A PUBLIC HEALTH OR MEDICAL PROFESSIONAL TOLD YOU TO SELF-MONITOR, SELF-ISOLATE OR SELF-QUARANTINE BECAUSE OF CONCERNS ABOUT COVID-19 INFECTION?**

YES NO

**TEAM NAME**

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**PLAYER NAME**

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