

| Internal Use Only |  |
|-------------------|--|
| Form Accepted By  |  |
| Temperature       |  |

**Completed form is required for each Northern Virginia Hockey Club/NOVA Ice Dog (NVHC) activity**

Due to the ongoing outbreak of the novel Coronavirus (COVID-19), the NVHC and our rink partners are taking extra precautions with the care of every player and coach to include updated health history reviews and enhanced sanitation/disinfection procedures. To ensure the health and safety of our players, families, coaches and volunteers, NVHC is committed to following prevailing health department guidelines and those of the rinks at which we play.

Please affirm the following:

- I understand the below symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed below WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 14 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 14 DAYS.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 14 DAYS.

Affirmation

To the best of its ability, the NVHC is following prevailing local, state and national health protocols and guidelines to limit the spread of COVID-19. I understand the NVHC cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client. By checking the box below, I agree to each statement above and release the NVHC from any and all liability for the unintentional exposure or harm due to COVID-19. The NVHC agrees to abide by these standards and affirms the same.

By checking the boxes below, I affirm that my child DOES NOT HAVE:

- |  |  |
|--|--|
| <input type="checkbox"/> a temperature of 100.0°F or higher or a sense of having a fever   | <input type="checkbox"/> new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise) |
| <input type="checkbox"/> a new cough (for players with chronic allergic/asthmatic coughs, a change in their cough from baseline) | <input type="checkbox"/> a new loss of taste or smell  |
| <input type="checkbox"/> congestion or runny nose  | <input type="checkbox"/> nausea, vomiting or diarrhea  |
| <input type="checkbox"/> shortness of breath or difficulty breathing   | <input type="checkbox"/> new onset of severe headache, especially with a fever   |
| <input type="checkbox"/> a sore throat that cannot be attributed to another health condition                                     |  |

Today's date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Attending: \_\_\_\_\_