

## **COVID Symptom Check Sheet**

Team Name	DATE			
	_			

Please list each athletes name. Mark the temperature. Place a check mark ONLY if any symptoms are present. If any symptoms present, player is not permitted to play. Temperatures must be taken before departure to event and then re-taken once they arrive on site.

Name:	Temp by Coach (Prior to leaving for event)	Fever	Cough	Sore Throat	SOB	Contact w/COVID	Temp Re- check by SJJ