



Storm Summer Sizzler 5v5 Covid-19 Questionnaire

The safety of the players, Coaches & families remain Storm FC's overriding priority. As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, Storm FC are monitoring the situation closely and will periodically update tournament guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to player and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone at this event. Thank you for your time.

Name:	Personal Phone Number (mobile/home)
Team/Organization:	Emergency Contact:
Facility Name:	

Self-Declaration by Visitor	
1	Have you returned from a trip outside the U.S. within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled outside the U.S. within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access to the event will be denied.

Signature : _____ Date: _____

