Deerfield Hockey Wellness Screening Form

Name:	
Does your skater have a fever of 100.4 degrees Fahrenheit or higher?	
Does your skater have a cough?	
Does your skater have a sore throat?	
Has your skater been experiencing difficulty breathing or shortness of breath?	
Does your skater have muscle aches?	
Has your skater had a new or unusual headache?	
Have they noticed a new loss of taste or loss of smell?	
Has your skater been experiencing chills or rigors?	
Does your skater have any gastrointestinal concerns (abdominal pain, vomiting or diarrhea)?	
Has your skater tested positive for COVID-19 in the last 14 days?	
To the best of your knowledge, in the last 14 days, has your skater come into close contact with anyone who has tested positive for or been diagnosed with COVID-19?	
Is anyone in your household suspected of having COVID-19?	