DRAGONS SOCCER CLUB 8/18/20

HEALTH CHECK QUESTIONAIRE

PLAYER'S or PARTICIPANT'S NAME: ____________________________

PARENT/GUARDIAN'S NAME (player/participant is below 18 years of age): ________________________

PARENT'S OR PARTICIPANT'S EMAIL: ____________________________

1. Have you experienced a fever of 100.4˚F or higher in the past 10 days?
   _____ YES _____ NO

2. Have you received a positive result from a COVID-19 test within the past 14 days?
   _____ YES ______NO

3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?
   ______YES ______NO

4. Have you experienced any of the following symptoms within the past 14 days?
   Check all that apply.
   ____ Cough
   ____Shortness of breath
   ____Sore throat
   ____Runny Nose
   ____None of the above

If any of the above answers are YES, you are not eligible to participate with Dragons Soccer for (at least) the day's event, while return dates will be reviewed case by case and in conjunction with COVID guidelines as per the CDC, state federal, local directives. Further, any YES answers should result in you immediately contacting your doctor.

By signing below, you agree with the above statement.

____ ____

Parent/Participants Signature Date