

PRE LACROSSE

As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our community, we are asking everyone to complete and submit this questionnaire prior to the first practice of the season. If you have entered "YES" to any of the questions below or if at any point during the season an answer to the questions below becomes a "YES" please do not bring your child to the field. Your child will not be allowed to enter a practice/game until your responses have been reviewed and your entry has been approved by a doctor to return to play. Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect your child, teammates and coaches.

Players Name: _____ Grade: _____

Is your child experiencing chills?

YES NO

Does your child have a cough?

YES NO

Does your child have a sore throat?

YES NO

Is your child experiencing shortness of breath and or having trouble breathing?

YES NO

Is your child experiencing persistent pain, pressure, or tightness in your chest?

YES NO

Do you have a new loss of taste or smell?

YES NO

Has your child or any immediate family members traveled outside the local area or outside of the US in the last 14 days?

YES NO

Has your child or any immediate family members been in contact with someone who has tested positive for COVID-19?

YES NO

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential.