Rockets Hockey Screening/Contact Tracing Form

Date/Location:

Name	Phone	Temperature	Do you have any symptoms of COVID 19? Fever (temperature greater than 100.4 degrees Fahrenheit) Cough ,Shortness of breath or trouble breathing, Sore throat, different than your seasonal allergies, Loss of smell and/or taste, Diarrhea or vomiting, Abdominal pain Yes or No	Had contact with a person diagnosed with COVID-19 in the past 14 days?