

**Wood County Health Department
President's Day Holiday Slam**

Daily Symptom Assessment Verification

By signing this form, you are verifying that your team's coaches/managers and players conducted a daily symptom assessment (self-evaluation) and that anyone experiencing COVID-19 symptoms did not travel to the complex.

Circle Date: Monday February 15th

Your Name (Print): _____

Your Signature: _____

Team Name: _____ Age Group: _____

(Form must be signed by the head coach or team manager.)