



Player Name: _____ **Team:** _____

Coronavirus Disease (Covid- 19)
Screening Questions and Temperature Check

Monday Date: _____

In the past 24 hours, have you experienced:

Fever of 100 or greater: YES NO

Tested positive for Covid-19 YES NO

Exposed to Covid-19 YES NO

Temperature: _____

Tuesday Date: _____

In the past 24 hours, have you experienced:

Fever of 100 or greater: YES NO

Tested positive for Covid-19 YES NO

Exposed to Covid-19 YES NO

Temperature: _____

Thursday Date: _____

In the past 24 hours, have you experienced:

Fever of 100 or greater: YES NO

Tested positive for Covid-19 YES NO

Exposed to Covid-19 YES NO

Temperature: _____