

Covid-19 Screening Questionnaire (effective June 1, 2020)

Screening to be completed prior to arrival to facility

1. Persistent Cough that cannot be attributed to another health condition? Y or N
2. Shortness of breath or difficulty breathing? Y or N
3. Chills that cannot be attributed to another health condition? Y or N
4. Muscle pains that cannot be attributed to another health condition or specific activity (physical exercise)? Y or N
5. Sore Throat? Y or N
6. Have you been in close contact with someone suspected to have coronavirus (COVID-19)? Y or N
7. Have you traveled internationally in last 4 weeks? Y or N
8. Do you have fever (>100.4°F or higher) or a sense of having a fever? Y or N

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Players/Coaches must answer 'N' to ALL screening questions above to be admitted in the facility