

COLONIAL YOUTH FOOTBALL LEAGUE

TEAM & EVENT PERSONNEL COVID-19 SCREENING FORM

Today or in the past 24 hours have you had any of the following symptoms:

SYMPTOM	YES	NO
Fever? <ul style="list-style-type: none">• Temperature greater than 100.4 under age of 18• Temperature greater than 100.0 over age of 18		
New or Worsening Cough?		
Shortness of Breath or Trouble Breathing?		
Sore Throat (that is different from your seasonal allergies)?		
New Loss of Smell or Taste or Both?		
Diarrhea or Vomiting?		
Do you have a household member or close contact who has been diagnosed with COVID-19 in the past 2 weeks?		

If you answered yes to any of the above:

- Inform your Coach, Team Mom, or Program Director IMMEDIATELY.
- Stay Home / Go Home IMMEDIATELY.
- Student-Athletes, have your parent / caregiver reach out to LVHN, St. Luke's, or any other qualified provider to receive an evaluation.
- Coaches & Staff, go to LVHN, St. Luke's or any other qualified provider to receive an evaluation.
- You will NOT be allowed to return until you have been screened and results are shared with the Program Director for approval to return.

Participant's signature below designates that this self-screening was conducted prior to reporting to campus and the information provided is true and factual to the best of participant's knowledge.

Participant/Parent/Guardian Printed Name

Date

Participant/Parent/Guardian Signature
Approved

Coach/Team Helper/Director Signature