



### CAPITAL SOCCER COVID-10 QUESTIONNAIRE & HEALTH SCREENING

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Match Time: \_\_\_\_\_

- Have you traveled outside of Vermont in the past 14 days?
- In the past 14 days, have you been in contact with any confirmed positive COVID-19 individuals?
- Are you experiencing any of these symptoms? Temperature above 100.4 degrees, acute respiratory illness, coughing, shortness of breath, diarrhea, vomiting, fatigue, body ache, loss of taste/smell, sore throat, or headache.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

*I attest that the participants listed below have answered "No" to all of the questions listed above*

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_