TEAM NAME

Covid Checklist/Health Screen

1. All players, and family members will need to be screened prior to games with the following questions:
   A. Any symptoms of COVID or a fever of a 100.4 or higher?
   B. Any close contact with someone who is suspected or confirmed to have had COVID in the past 10 days? (Health care workers caring for COVID patients while wearing PPE should answer "NO" to this question.)
   C. Traveled out of NH in the last 10 days?
2. Any person with a suspected or confirmed diagnosis will not be allowed to participate in games or practices.
3. Players will be allowed to return after 10 days from when their symptoms started, and having been fever free for 24 hours.

Player	**Question**	**Dates - Each Player to initial**							
		2-May	9-May	16-May	23-May	30-May	6-Jun	13-Jun	20-Jun
JOE	A	no/intials							
	B	no/intials							
	C	no/intials							
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	B								
	C								
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	C								

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	A								
	B								
	C								
	A								
	B								
	C								
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