CONCORD CARLISLE YOUTH SOCCER
COVID-19
SCREENING QUESTIONNAIRE
Updated June 15, 2020

In the last 72 hours (three days) have you/your child had any of the following symptoms of infection with COVID-19?

Fever of 100.4°F or more, or felt feverish?

Chills or shaking chills?

NEW Cough?

NEW Shortness of breath?

NEW Sore throat?

NEW runny nose or nasal congestions?

NEW muscle aches?

NEW loss of smell or taste?

Have you had any of these symptoms in the past thirty (30) days?

Yes _____ No_____

Have you tested positive for COVID-19?

Yes _____ No_____

Date, location (professional or self-test) and result of test?

_____

_____

Have you had close contact (within six (6) feet for ten (10) minutes or more with someone that you know has symptoms of and/or tested positive for COVID-19?

For example, household member, close friend.

Yes _____ No_____

If yes, were they tested? Yes _____ No_____

If yes, when, location (professional or self-test) and result of test?

_____

_____

Contact and Travel History

Have you (the player/coach/staff) or someone in your household tested positive for COVID-19 within the preceding fourteen (14) days?

Have you (player/coach/staff) or someone in your household been asked to quarantine by a health official within the preceding fourteen (14) days?

Have you (player/coach/staff) or someone in your household traveled outside of the state or country within the preceding fourteen (14) days?

If you recently traveled, did you self-quarantine for fourteen (14) days upon your return?

Other

Have you (player/coach/staff) taken any medication to today?

SYMPTOMS OF COVID-19 – ACCORDING TO THE CDC

Symptoms of COVID-19 may appear 2 – 14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

New loss of taste of smell

ARRIVAL, DEPARTURE & PARENT/CHAPERONES

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- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea