Southampton Township Recreation Association

COVID 19 Daily Pre-screening Questions

To participate in practice/games, each athlete must complete this form daily before every workout. Temperature must be recorded at home prior to attending each event.

Name of Athlete:			Date:	
Athlete Temperature:		Time Taken:		
Paren	t/Guardian completing this form:			
Athlet	e is fully vaccinated OR have you recov	vered from a documente	d COVID-19 in	fection in
the last 3 months??			Yes	No
	**If the answer is Yes, please skip the Documentation	following questions. You n may be required. **	r survey is cor	nplete.
Is the	athlete experiencing any of the follo	wing symptoms?	Please C	ircle One
1.	Fever (≥ 100.4°F)		Yes	No
2.	Cough of shortness of breath		Yes	No
3.	Sore Throat		Yes	No
4.	Chills		Yes	No
5.	Muscle aches or rigors		Yes	No
6.	Headache		Yes	No
7.	New loss of taste or smell		Yes	No
8.	Abdominal pain, nausea, vomiting, or	diarrhea	Yes	No
	you been in close physical contact in thone who is known to have laboratory-co	•		
 Anyone who has any symptoms consistent with COVID-19? 			Yes	No
	you been diagnosed with COVID-19 in s or have you reason to believe you hav	•	Yes	No
	you traveled internationally or to any of ntine list In the past 10 days?	the states on the	Yes	No