

COVID-19 Questions								
Q1	Have you tested positive for COVID-19?	Q4	Do you have shortness of breathe or difficulty breathing?					
Q2	Has anyone in your home tested positive for COVID-19?	Q5	Have you been outside the state of TN in the past 14 days?					
Q3	Do you or anyone in your home have an unexplained cough, temperature above 100.4oF, or loss of smell or taste?	Q6	Have you been in a large metropolitan area, like Nashville, in the past 14 days?					
	Coaches/Athletes	Temp	Q1	Q2	Q3	Q4	Q5	Q6
1			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
2			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
3			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
4			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
5			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
6			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
7			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
8			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
9			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
10			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
11			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
12			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
13			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
14			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
15			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
16			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
17			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
18			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
19			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
20			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
21			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
22			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
23			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes
24			No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

I, (Name) _____, as a representative coach of the (School/Team) _____, certify that all of the athletes and coaches listed above have

SIGNATURE:					DATE:		
PRINT:							