VISITING TEAM SCREENING CONTACT TRACING FORM

NAME	PHONE #	NAME	PHONE #

I hear by acknowledge that all members of my team and staff have been appropriately screened for COVID-19 and COVID- 19 related symptoms prior to entering the facility. Symptom screenings should include, but are not limited to, the following symptoms:

Fever	Recent loss of taste or smell
Cough	Close contact, or cared for someone with Covid -19
Sore Throat	Temperature higher than 100.4
Shortness of breath	

Anyone with a positive symptom should NOT enter the facility

NAME:	DATE:
SCHOOL:	SPORT: