

SINGLE DAY
COVID-19 PRE-SCREENING QUESTIONNAIRE Player and Team Staff

Team Name: _____

Players Name:

Contact phone number: _____ Email _____

Time In: _____ Time Out: _____

Questions below are to be asked before access to arena is granted:

1. Do you have any COVID symptoms?

2. Is anyone in your home isolating because of COVID symptoms?

3. Have left you left the country in the last 14 days?

By signing below you are agreeing that you have answered no to the questions above.

Volunteer signature: _____

Date: _____