

Questions for Practice:

Name of Player: _____

_____ Have you had a fever of 100.4 F or greater in the last 2 days?

_____ Have you had a cough, difficulty breathing, chills, muscle aches (myalgias), sore throat, headache, recent loss of taste or smell, nausea, vomiting, or diarrhea?

_____ Have you had contact with a person known to be infected with COVID-19 within the previous 14 days?

_____ Have you had a positive COVID-19 test in the last 10 days?

_____ Are you waiting on the results of a test for COVID-19?

**If the answer to any of these questions is "yes", the player is not allowed to practice.

Parent Signature _____

Date _____

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