

**SYA COVID 19
SELF CHECK FORM**

Are you currently experiencing a fever (100.4 or higher) or have a sense of a fever? YES____ (must return home) NO____

Do you have a new cough that cannot be attributed to another health condition? YES____ (must return home) NO____

Do you have shortness of breath that cannot be attributed to another health condition? YES____ (must return home) NO____

Do you have new chills that cannot be attributed to another health condition? YES____ (must return home) NO____

Do you have a new sore throat that cannot be attributed to another health condition? YES____ (must return home) NO____

Do you have muscle aches that cannot be attributed to another health condition or activity? YES____ (must return home) NO____

PLAYER / COACH / UMP/REF NAME (print) _____

SIGNATURE IF PERSON IS ADULT _____

IF MINOR, NAME OF PARENT/GUARDIAN (print) _____

SIGNATURE OF PARENT/GUARDIAN _____

TODAY'S DATE- _____ / _____ / _____

Pursuant to directives issued by the Governor of Virginia, this screening form must be completely filled out and brought to your COVID coach or head coach prior to every single SYA event (practices, workouts, games, etc). The COVID coach or head coach will review and record on a summery sheet for each day an event occurs. The player, coach or umpire/referee will not be allowed to participate and will be directed to return home without this form completed and turned in each day.