

COVID-19 SCREENING QUESTIONNAIRE
ANNANDALE BOYS' & GIRLS' CLUB, INC.
Players, Coaches, Referees

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?

YES _____ (must return home) NO _____

PLAYER/COACH/REF NAME (Print): _____

SIGNATURE IF PERSON IS ADULT: _____

IF MINOR, NAME OF PARENT/GUARDIAN (Print): _____

SIGNATURE OF PARENT/GUARDIAN: _____

TODAY'S DATE: _____ / _____ / _____

This screening form must be filled out in total and turned into your COVID Manager or head coach for every ABGC event (practice, workout, game, etc.). The COVID Manager or head coach will maintain a copy of all screening forms throughout the entire season. The player, coach, or referee will not be allowed to participate and will be directed to return home without this form filled out and turned in each day.