



COVID-19 Questionnaire

1. Have you, your staff or any of your players had COVID-19 within the last 14 days?
Yes No
2. In the last 14 days, have you, your staff or any of your players been in close contact with anyone you know: (a) who exhibited the symptoms of COVID-19, (b) who is/was being tested for COVID-19, (c) who has COVID-19, or (d) who was exposed to someone with COVID-19?
Yes No
3. Have you, your staff or any of your players had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish", or had a temperature that is elevated for you or 100.4F or greater?
Yes No
4. In the past 24 hours, have you, your staff or any of your players experienced the following unrelated to seasonal allergies:

Fever	Yes	No	Cough	Yes	No
Loss of taste of smell	Yes	No	Sneezing	Yes	No
Aches and Pains	Yes	No	Sore Throat	Yes	No
Runny / Stuffy Nose	Yes	No	Diarrhea	Yes	No
Shortness of Breath	Yes	No	Headaches	Yes	No
Nausea or Vomiting	Yes	No	Fatigue	Yes	No

5. In the last two weeks have you, your staff or any of your players traveled internationally or to any of the following states:

Alabama, Arkansas, California, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands and Wisconsin

Yes No

TeamName: _____

Team Representative Name (please print): _____ Signature of Team

Respresentative: _____ Date: _____

Regardless of how you answer the questions provided in this survey, if you have symptoms consistent with COVID-19 or feel you may be developing symptoms consistent with COVID-19, you cannot attend or participate in any youth soccer activities and should contact a local healthcare professional.