

Date \_\_\_\_\_



## Covid-19 Athlete Intake Questionnaire

Athlete Name (print clearly) \_\_\_\_\_ Current Temp \_\_\_\_\_

### Session(s) Attending:

Girls 6-9     Co-Ed 4-6     Boys 7-9     Boys 9-12

My temperature has not been above 98.6°F in the past 72 hours

✓

I have not knowingly been in contact with anyone diagnosed with Covid-19 in the past two weeks

I have not had any of the following symptoms in the past 2 weeks: fever, cough, shortness of breath, persistent chest pain/pressure

I acknowledge that I will be sharing space with other individuals knowing that social distancing may not always be adhered to

I will wear a mask for the duration of training unless I cannot tolerate such a covering for the physical activity

If I test positive for Covid within 2 weeks AFTER attending a session, I will notify Drive Sports as soon as possible

Spectator 1 Name (print clearly) \_\_\_\_\_ Current Temp \_\_\_\_\_

Spectator 2 Name (print clearly) \_\_\_\_\_ Current Temp \_\_\_\_\_

Spectator 3 Name (print clearly) \_\_\_\_\_ Current Temp \_\_\_\_\_