



CSL COVID QUESTIONNAIRE



Player's Name

COVID-19 QUESTIONS



Have you had a temp greater than 100° in the last 14 days?



Do you have a cough?



Have you been in close contact with someone testing positive for COVID-19 in the last 14 days?



Are you experiencing other flu-like symptoms, such as sore throat, uncontrollable cough, difficult breathing, headache, etc.?



Have you experienced recent loss of taste or smell?

All players have been verified and are able to play.

Team Manager/Coach's Signature

TEAM NAME: _____

DATE: _____