TEAM ATTENDANCE and SCREENING CHECKLIST

DATE: _____

Please isolate any player with a positive response; contact Club immediately

"Have you been in contact with anyone with COVID? Do you have any symptoms (dry cough, temperature, headaches, loss of taste / smell)?"

NAME	VERBAL SCREEN (NEGATIVE RESPONSE)
Visiting Team: _____ ❑ GAME / SCRIMMAGE USE	Referees: ❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑
_____	❑

hsc / exec / covid / hsc_team_screen_checklist (ppt)