JYFA COVID-19 Player Screening

Program: Person Completing Form: Date:

Screen each player for symptoms before they start practice or game.

Fill in an answer (y=yes, n=no) for each symptom for each player. If a player reports any of the symptoms, send the player home

Player Name	Fever 100.4°F or above	New or worsening cough	Shortness of breath or difficulty breathing	Chills	Muscle aches	Sore throat	New loss of taste or smell	Household member or close contact with COVID-19 in the last 2 weeks?	Other Symptoms*
	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	

^{*}COVID-19 symptoms include: fever or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea