

Team: \_\_\_\_\_

Date: \_\_\_\_\_

- **I agree that all of the team members on the roster I have presented have been screened and do not have a temperature above 100.4 degrees.**
- **I agree that all of the team members on the roster I presented have been given the following questions and none have answered “Yes” to any of them.**

Questions to be asked by coaches:

- 1. Do you currently or have you had a temperature over 100.4 in the past 48 hours?
- 2. Have you had any redness around or drainage from one or both eyes in the past 48 hours?
- 3. Have you had a cough, been short of breath, or had difficulty breathing in the past 48 hours?
- 4. Have you had any nausea, vomiting, or diarrhea in the past 48 hours?
- 5. Have you experienced a decreased sense of smell or taste in the past 48 hours?
- 6. Have you been around anyone who has had a fever, cough, shortness of breath, or who had been suspected of having or diagnosed with COVID-19 in the past 14 days?
- **If anyone, athlete or coach, answers YES to any of the following questions they will NOT be allowed at this event and should immediately return home. They should contact the Oldham County Health Department for next steps.**

Head Coach Signature: \_\_\_\_\_