



EMSA West COVID-19 Symptoms Checklist

This checklist must be verbally asked to all team officials and players individually prior to beginning any event. One official should be designated to do this and then another official should ask these questions to the designated official.

If an individual answers 'YES' to any of the questions above, they are not permitted to participate in training or games that day and must not participate in training or games 14 days following the last day that they experienced symptoms..

1.	Do You Have the Below Symptoms? <ul style="list-style-type: none"> • Fever (greater than 38.0C) • Cough • Shortness of breath • Sore throat • Runny nose 	<u>YES</u> <u>YES</u> <u>YES</u> <u>YES</u> <u>YES</u>	<u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u> <u>NO</u>
2.	Has anyone in your household experienced any of the above symptoms in the last 14 days?	YES	NO
3.	Have you, or anyone in your household experienced any of the above symptoms in the last 14 days?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19?	YES	NO
5.	Are you currently being investigated as a suspect case of Covid-19?	YES	NO
6.	Have you tested positive for Covid-19 within the last 10 days?	YES	NO