

MSA Soccer

COVID-19 Monitoring Form

2020 - 2021 SEASON



PLEASE PRINT CLEARLY - MUST BE SUBMITTED PRIOR TO EACH MSA ACTIVITY (PRACTICES AND GAMES)

Player Name _____

Team _____

Date _____
MM / DD / YYYY

Time _____

ATHLETE SCREENING

Has the athlete experienced any of the following symptoms within the past two weeks?

| | |
|--------------|----|
| <u>FEVER</u> | |
| YES | NO |

| | |
|--------------|----|
| <u>COUGH</u> | |
| YES | NO |

| | |
|--------------------|----|
| <u>SORE THROAT</u> | |
| YES | NO |

| | |
|----------------------------|----|
| <u>SHORTNESS OF BREATH</u> | |
| YES | NO |

Has the athlete had close contact, or cared for someone with COVID-19 in the past two weeks?

| | |
|-----|----|
| YES | NO |
|-----|----|

Has the athlete been tested for COVID-19 in the past two weeks?

| | |
|-----|----|
| YES | NO |
|-----|----|

Please list the athlete's temperature if higher than 99.5°F.

| |
|--|
| |
|--|

PARENT SIGNATURE

I have completed the above information to the best of my knowledge.

Print Parent / Guardian Name _____

Signature of Parent / Guardian _____