

COVID-19 Exposure Risk Assessment

Team Name:

Manager:

Q6: Have you, or anyone in your family been in contact with a person that is in the process of being tested for COVID-19?
 Q5: Have you, or anyone in your family been in contact with a person that has tested positive for COVID-19?
 Q4: Have you, or anyone in your immediate family, traveled outside of the USA within the last two (2) weeks?
 Q3: Are you currently experiencing a loss of taste or smell?
 Q2: Are you currently experiencing a new onset of a dry cough or difficulty breathing?
 Q1: Are you currently experiencing any flu-like symptoms?



	Last Name	First Name	#	Q1	Q2	Q3	Q4	Q5	Q6	Signature (Adult Player/Parent/Coach)	Date	Cell Phone #
1				Y N	Y N	Y N	Y N	Y N	Y N			
2				Y N	Y N	Y N	Y N	Y N	Y N			
3				Y N	Y N	Y N	Y N	Y N	Y N			
4				Y N	Y N	Y N	Y N	Y N	Y N			
5				Y N	Y N	Y N	Y N	Y N	Y N			
6				Y N	Y N	Y N	Y N	Y N	Y N			
7				Y N	Y N	Y N	Y N	Y N	Y N			
8				Y N	Y N	Y N	Y N	Y N	Y N			
9				Y N	Y N	Y N	Y N	Y N	Y N			
10				Y N	Y N	Y N	Y N	Y N	Y N			
11				Y N	Y N	Y N	Y N	Y N	Y N			
12				Y N	Y N	Y N	Y N	Y N	Y N			
13				Y N	Y N	Y N	Y N	Y N	Y N			
C1				Y N	Y N	Y N	Y N	Y N	Y N			
C2				Y N	Y N	Y N	Y N	Y N	Y N			
C3				Y N	Y N	Y N	Y N	Y N	Y N			
C4				Y N	Y N	Y N	Y N	Y N	Y N			
C5				Y N	Y N	Y N	Y N	Y N	Y N			

The Exposure Risk Assessment must be completed and returned to your team Manager. Any changes in your personal health condition or an affirmative (Yes) answer to the above assessment during your time with the team must be immediately reported to your team Manager as well. Failure to disclose accurate Exposure Risk Assessment information may lead to discipline.

USE ROWS 1-13 FOR PLAYERS. USE ROWS C1-C5 FOR COACHES.