



In order to continue providing the safest environment possible for our players, coaches, staff and officials, we ask that you fill out the below survey with information about yourself and your child prior to attending any CYO practices and games.

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ GAME TIME: \_\_\_\_\_

CHILD'S NAME (IF YOU WILL BE A SPECTATOR) : \_\_\_\_\_ YOUR TEMPERATURE: \_\_\_\_\_

\*\*\*Please answer the following questions by placing a X next to your answer\*\*\*

1. In the past 24 hours, have you experienced a fever above 100.3?  
( ) YES ( ) NO
2. Are you exhibiting any of the following symptoms? Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache, or loss of taste or smell  
( ) YES ( ) NO
3. Is anyone in your household experiencing any of these symptoms? Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache, or loss of taste or smell  
( ) YES ( ) NO
4. Have you been in close contact in the last 14 days with someone diagnosed with COVID-19?  
( ) YES ( ) NO

**If you have answered YES to any of the above Questions – You are prohibited from attending today's scheduled CYO event –**

#### **Certification**

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge:**

Signature: \_\_\_\_\_

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

Note: The information on this form will be maintained as confidential.