



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 : \_\_\_\_\_ CHILD'S TEMPERATURE: \_\_\_\_\_

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

1. In the past 24 hours, has your child experienced a fever above 100.3?  
( ) YES ( ) NO
2. Is your child 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. Has your child been in close contact in the last 14 days with someone diagnosed with COVID-19?  
( ) YES ( ) NO

**If your child has answered YES to any of the above Questions – He/She is prohibited from participating in or 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.