

Safe Haven WS Basketball: COVID Screening Questionnaire

The safety of our players and families is our overriding priority. We are following the guidance from the NYS Department of Health and the CDC. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our participants, we are asking all players and visitor who are entering one of our gyms to complete this questionnaire on the day that they are entering for a game or practice.

This form should be completed prior to - or upon arriving.

Visitor/ Player Name	
:	
Date:	

Screening Questions: Please answer Yes/No to each question.

If you answer yes to any questions, please do not enter the facility.

1. Do you have a fever (above 100F)? **Yes/No**
2. Have you had COVID-19 symptoms within the past 14 days? **Yes/No**
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Fatigue
 - Muscle or body aches
 - Headache
 - Chills
 - Sore throat
 - New loss of taste or smell
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
3. Have you had a positive COVID-19 test within the past 14 days? **Yes/No**
4. Have you had close or proximate contact within the past 14 days with anyone who has tested positive for COVID-19 or who has or had reported symptoms of COVID-19? **Yes/No**

Please check to confirm you have a mask in your possession available for immediate use: _____

Signature: _____
