



COVID-19

SELF-ASSESSMENT QUESTIONNAIRE

For the health and safety of you and others, before visiting one of our facilities, programs, athletic league or events, please complete this assessment.

If you have any of the symptoms listed below, we ask that you do not enter our facilities or attend the program, athletic league or event.

- Fever/Chills
- Cough
- Sore Throat
- Shortness of breath or difficulty breathing
- New and/or sudden loss of taste or smell
- Gastrointestinal concerns
- Have you been in close contact with a COVID positive person in the last 10 days?
- Does anyone in your home show any of the above symptoms?