



CYC COVID-19 SCREENING QUESTIONNAIRE

Please complete this form prior to each game and practice. Your responses are retained so the documentation is available to the Parish/Program Athletic Association, District, and to the CYC if needed for tracing purposes.

1. Today or in the past 24 hours have you had any of the following symptoms:

- Fever (temperature greater than 100.4 for children and greater than 100 for individuals over the age of 18)
- New or worsening cough
- Shortness of breath or trouble breathing
- Sore throat that is different from your seasonal allergies
- New loss of smell or taste, or both
- Diarrhea or vomiting

Please circle one: No Yes

2. Do you have a household member or close contact who has been diagnosed with COVID-19 in the past 2 weeks? (Close contact is defined as prolonged exposure of greater than 10 minutes within 6 feet without a mask.)

Please check one: No Yes

By submitting this form, you are confirming that all of the above information is accurate today.

If you answer "yes" to any of the screening questions, you are not permitted to attend any CYC game, practice, or event as a player, coach, volunteer, or spectator.

Participant Name:

Role: Is this for a participant, coach, or volunteer? Please check one. Participant Coach Volunteer

Parent/Guardian Name:

If completing form for a player - enter name of player's parent/guardian, otherwise enter "self" for a coach or volunteer.

Practice or Game?: Soccer Practice Volleyball Practice
Please check one.

 Soccer Game Volleyball Game

Grade Level of Team: Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th High School
Please circle one.

Head Coach Last Name:

*If you have tested positive for COVID-19, are awaiting test results, or have had significant exposure to a positive COVID-19 individual, then you should not participate or attend. Parents are obligated to contact their Athletic Association to notify them of a positive diagnosis of COVID-19. Athletic Associations will notify their District Coordinator.