WBYSA
COVID SCREENER

	YES	NO
1. Has your player experienced a fever of 100.4 or greater in the past 14 days?		
2. Has your player received a positive result from a COVID-19 test within the past 14 days?		
3. In the past 14 days, has your player been in close contact with anyone that has/had symptoms of COVID-19 that requires/required your player to quarantine?		
4. In the past 14 days, has your player or someone he/she has been in contact with traveled to an area that requires quarantine upon return?		
5. In the past 14 days, has your player experienced any of the following symptoms that are not attributed to another health condition: • cough • loss of smell or taste • runny nose • shortness of breath • sore throat?		

If your answer is YES to any of the questions, please return home and reach out to your coach for instructions on return to play.