



COVID-19 DAILY CHECKLIST

ILLNESS/HEALTH ASSESSMENT

This form is to be administered to all participants and coaches daily before entry onto the court. Any "yes" responses will require further review by Coach Deb or Steve

Name: _____

Date: _____

Location: SLDP Onipaa Fieldhouse or other, specify: _____

	Yes	No
Do you have any of these symptoms? (fever, chills or shaking, muscle aches, pains, loss of taste or smell, vomiting or diarrhea, sore throat)	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household traveled out of the state in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into contact with anyone that has traveled from out of state in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household been diagnosed, tested or quarantined in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your household come into contact with anyone that has recently been quarantined either here or out of state in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you come into contact with anyone that tested positive for COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in any indoor volleyball training sessions within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

Privacy notice: Except for the circumstances in which JVC is legally required to report activity occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable laws and to the extent practical under the circumstances. When it is required the number of people who will be informed that an unnamed participant(s) have tested positive will be kept to the minimum needed to comply with reporting requirements and to limit the potential transmission to others. JVC reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if other people might have been exposed to the disease so they may take measures to protect their own health. JVC also reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if they might have been exposed to the disease so those individuals may take measures to protect their own health.

I certify this questionnaire is completed truthfully to the best of my knowledge:

Parent's Signature (for minor child)