

KOOTENAY EAST YOUTH SOCCER ASSOCIATION

This form is to be sent to *team manager’s name*, via email *email address* or *text phone number* prior to 6:00pm *day of the week before practice* each week. **Without a submitted COVID-19 heath screening form players will not be permitted on the field for practice.**

Please answer the following questions:

1. Have you had a fever in the last 14 days?

2. Have you been in contact with someone who has tested positive or is self-isolating for COVID-19 in the last 14 days?

3. Do you have a runny nose, cough, post nasal drip, difficulty breathing or shortness of breath? (Not related to seasonal allergies)

4. Have you travelled out of Canada within the last 14 days?

5. Is anyone in your house showing symptoms of COVID-19?

If you have answered yes to any of these questions please stay home from practice for the next 14 days.