

COVID Screening



Players/Coaches/Trainers should be screened before all practices and games

Yes No In the past 14 days, have you had any of the following symptoms:
fever ($\geq 100.4^{\circ}\text{F}$), cough, shortness of breath, sore throat, chills, muscle aches, rigors, headache, new loss of taste or smell, abdominal pain, vomiting, nausea or diarrhea?

**For individuals with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria)

Yes No In the past 14 days, have you had close contact with someone who was experiencing the above symptoms and did not have a negative COVID-19 test?

Yes No In the past 14 days, have you had close contact with someone who was diagnosed with or tested positive for COVID-19?

Yes No In the past 21 days, have you been diagnosed with or tested positive for COVID-19?

Yes No If you are not fully vaccinated, have you travelled in the past 10 days?

If you have answered YES to any of the above, DO NOT attend practices or games and see the COVID policy on the CHFC website for full guidance

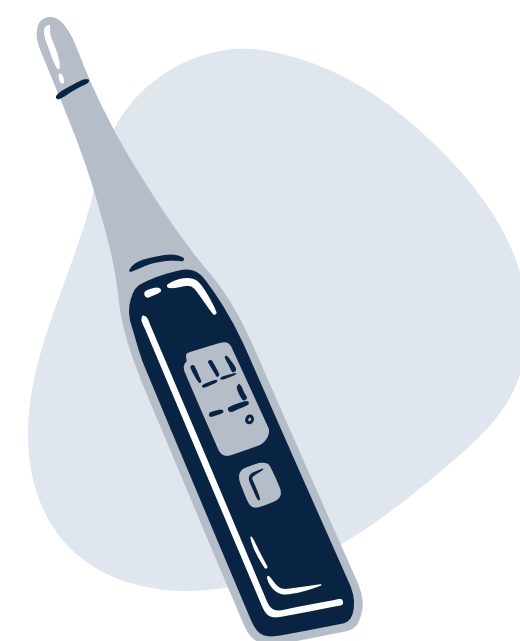
CHFC Covid Contact

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Please notify with any positive Covid results or questions with screening protocol

Stay home if...

- You are **feeling sick**
- You have a **sick family member** at home



Help us keep everyone healthy and playing soccer this season!
