

## Player COVID-19 Screening Form

**Please note for the safety of our players and families, Pearland Soccer expects players to take their temperature prior to arriving at the facility for any activities. If player has a temperature of 100.0 F or greater, or feel sick, stay home and contact us at [info@pearlandsoccer.org](mailto:info@pearlandsoccer.org) to schedule an alternate session**

Player Name

Parent Contact Phone Number

E-Mail

1. Are you feeling feverish or have a measured temperature greater than or equal to 100.0 F?

No Yes

2. Do you have any symptoms listed below?

a. cough (answer "no" if only chronic coughs or coughs due to seasonal allergies)

No Yes

b. shortness of breath / difficulty breathing

No Yes

c. chills or repeated shaking with chills

No Yes

d. sore throat (answer "no" if due to seasonal allergies)

No Yes

e. new loss of taste or smell

No Yes

f. muscle pain

No Yes

g. headache

No Yes

h. diarrhea

No Yes

3. Within the last 14 days, have you traveled internationally?

No Yes

If yes, what location?

4. Within the last 14 days, have the player or member in the immediate household traveled to any of the following states: New York, New Jersey, California, Michigan, Illinois, Massachusetts, Connecticut or Florida?

No Yes

If yes, what location?



