

TEAMS COVID QUESTIONNAIRE



Name of Person Submitting Report: _____

Signature: _____ Date: _____

Club Name: _____

Team Name: _____

Initial Below

As the coach of this team, I acknowledge and agree ...

_____ That I am required to wear a mask at all times, including when I am coaching.

_____ That I am responsible to make sure the players on my team wear a mask at all times unless in an active, on-court match activity. This includes bench players during a match.

_____ That my team will NOT eat court side but will move to an open area such as the food court.

_____ That if my team is not participating in the current match, they are NOT allowed to remain court side and must move to an open area such as the food court. This includes all players who are unassigned to a referee assist crew.

_____ That my team is not allowed to rotate players within an assigned referee assist crew.

_____ That non-compliance with these or any other tournament policies may negatively affect my match and my ability to remain in attendance at the event.

Has ANYONE listed on your roster ...

| | | |
|---|------------|-----------|
| Tested positive for COVID-19 within the past 10 days? | YES | NO |
| Traveled outside of the US in the last 14 days | YES | NO |
| Experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea | YES | NO |
| Been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) in the last 14 days with: <ul style="list-style-type: none"> • Anyone who is known to have a confirmed COVID-19? ...OR • Anyone who has any symptoms consistent with COVID-19? | YES | NO |