

**City of Carson
Parks and Recreation Department
COVID-19 Questionnaire**

The safety of our Adult Sports participants is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to read and sign this questionnaire prior to entering the field/court. Please do not enter the field/court until your responses have been reviewed and your entry has been approved.

Note: The information collected on this form will be used to determine whether you may be infected with COVID-19 and will be maintained as confidential.

Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fever (100.4° F / 38.7° C or greater measured by an oral thermometer) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath or difficulty breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | Sore throat |
| <input type="checkbox"/> | <input type="checkbox"/> | New loss of taste or smell |
| <input type="checkbox"/> | <input type="checkbox"/> | Chills |
| <input type="checkbox"/> | <input type="checkbox"/> | Head or Muscle Aches |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea, diarrhea, vomiting |

IF YOUR ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, PLEASE DO NOT ENTER THE FIELD/COURT!

<div style="border: 1px solid black; border-radius: 10px; padding: 2px 10px; display: inline-block;">Day</div> <i>M Tu W Th F Sa Su</i>	<div style="border: 1px solid black; border-radius: 10px; padding: 2px 10px; display: inline-block;">League</div> <i>Coed • Men's • Women's</i>	<div style="border: 1px solid black; border-radius: 10px; padding: 2px 10px; display: inline-block;">Sport</div> <i>Baseball • Basketball • Soccer • Softball</i>
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Team: _____ **Date:** _____

I hereby certify that the responses to the above questions are true and accurate to the best of my knowledge

<u>Player Name</u>	<u>Player Signature</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____