**COVID-19 SELF-SCREENING TOOL**

Self screning must be completed and signed by all MUNY LEAGUE coaches prior to every football game. NO EXCEPTIONS!

The answer to all questions must be “No” in order to participate.

If any coach is experiencing symptoms during any game or practice, they wil be sent home. Play will not resume until the individual has left the playing area.

If anyone is experiencing symptoms at their game or practice, they must be sent home immedicately. They will not be permitted to participate in MUNY LEAGE activities. Play will not resume until the individual has left the playing area.

**Do you have any of these symptoms:**

Fever/Cough/headache YES [ ] NO [ ]

Sore throat/difficulty swallowing YES [ ] NO [ ]

Shortness of breath/diffuculty breathing YES [ ] NO [ ]

Runny nose/sneezing/nasal congestion YES [ ] NO [ ]

Lost sense of smell or taste YES [ ] NO [ ]

Feeling unwell/fatigue or chills YES [ ] NO [ ]

Nausea/vomitting/diarrhea YES [ ] NO [ ]

Unexplained loss of appetite YES [ ] NO [ ]

Muscle joint or aches YES [ ] NO [ ]

Conjunctivitis YES [ ] NO [ ]

Have you or anyone in your household traveled outside the United States in the last 14 days?

 YES [ ] NO [ ]

Have you or anyone in your household been in close, unprotected contact, with someone who is ill with cough and/or fever? YES [ ] NO [ ]

Have you or anyone in your household been in close, unprotected contact with someone who is being investigated or confirmed to be a case of COVID-19, in the last 14 days? YES [ ] NO [ ]

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_