



# SOCCER LEAGUES AT ARMONK INDOOR



## COVID-19 Daily Screening

All participants are required to self-monitor (with the assistance of parents/guardians for minors) for symptoms of COVID-19, and to **return this form each day upon arrival**. Symptoms to be aware of include:

- Fever of 100.4°F or greater
- Fatigue
- Sore throat
- Chills
- Muscle or body aches
- Congestion or runny nose
- Cough
- Headache
- Nausea or vomiting
- Shortness of breath
- Loss of taste or smell
- Diarrhea

It should also be determined whether the individual has traveled internationally or from any state currently on New York State’s travel advisory list, or been in close contact with anyone who has been diagnosed with, tested for, or quarantined as a result of COVID-19. Fever-reducing medications such as ibuprofen or Tylenol must not have been taken in the past 24 hours.

### ACKNOWLEDGEMENT OF DAILY SCREENING

I affirm that the individual has monitored for the above symptoms of COVID-19 and shown no symptoms. I affirm that the individual has not traveled internationally, from any state currently on New York State’s travel advisory list, or from any state currently prohibiting out-of-state athletic participation. I affirm that the individual has not been in contact with anyone suspected of carrying COVID-19 and has not taken any fever-reducing medication in the past 24 hours.

Day:  MON  TUE  WED  THU  FRI  SAT  SUN Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Team/Organization: \_\_\_\_\_

Signature (parent’s/guardian’s if minor): \_\_\_\_\_

### PLAYER/COACH/REFEREE TEMPERATURE

To be recorded by club staff.

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