

TEAM WELLNESS QUESTIONNAIRE



Information in this form should be collected **ON THE DAY** of the event. Please submit form at check in. Notify tournament staff immediately if the health status changes of anyone in the team's group (coach, athlete, team videographer) while at Triangle. Thank you.

Name of Person Submitting Report: _____

Signature: _____ Date: _____

Club Name: _____

Team Name: _____

The person signing this form must also initial below in designated areas.

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

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

_____ I am responsible to make sure the players on my team properly wear a CDC compliant mask at all times.

_____ That my team will only eat when sitting and will use proper hygiene prior to doing so for their own protection.

_____ That non-compliance with these or any other tournament policies may negatively affect my match and my team's ability to continue to participate in the event.

TEAM WELLNESS-RELATED QUESTIONS:

Has ANYONE listed on your roster and present for this event (athletes, coaching staff, videographer)...

- 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: YES NO
 - 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
- Been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) in the last 14 days with:
 - Anyone who is known to have a confirmed COVID-19? OR
 - Anyone who has any symptoms consistent with COVID-19? YES NO