**MORICHES YOUTH ORGANIZATION**

**COVID-19 Questionnaire**

Name of Player\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COVID-19 Screening Question

Please circle one

1. Are you currently or within the last 48 hours having any of these symptoms. YES NO

Fever, cough or shortness of breath that is unrelated to a Known

medical condition?

2. Have you or anyone in your household traveled to ANY of the YES NO

RESTRICTED STATES (as per NYS guidelines) in the last 14 days?

3. Have you been exposed to anyone with confirmed COVID-19 within YES NO

the last 14 days?

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To participate in workout/practice during the summer recess period. The parent/guardian MUST complete this form. This form must be completed for EVERY practice.

If you answered yes to Any of these screening questions please do not come to practice.

MYO and or the coaches of Moriches Youth Organization are NOT in any way responsible for possible exposure to Covid-19. Attendance at practices is voluntary. If you choose to not have your child attend due to the current circumstance, it is completely understandable. For the health and safety of our teams and families please answer these questions honestly and abide by the current NYS guidelines.