

LA ROCA FC PLAYER HEALTH CHECK

Date: _____ Name: _____

Team: _____ Coach: _____

Temperature: _____ <i>(taken by La Roca)</i>	YES	NO
Have you experienced a fever of 100.4 or greater in the past 14 days?		
Have you received a positive result from a COVID-19 test within the past 14 days?		
In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that required you to quarantine?		
In the past 14 days, have you or someone you have been in close contact with traveled to an area that required quarantine upon return?		
In the past 14 days, have you experienced any of the following new symptoms not attributed to another health condition?		
Cough		
Loss of smell or taste		
Runny nose		
Shortness of breath		
Sore throat		

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