



Damascus Sports Association COVID-19 Activity Screening Questionnaire

1. Temperature Check completed by Coach (must be below 100.4)

Temperature _____

Pass / Fail _____

2. Have you or your child Athlete experienced and cold or flu-like symptoms in the last 14 days?

Shortness of Breath (Y/N) _____

Cough (Y/N) _____

Fever (Y/N) _____

Respiratory Issue (Y/N) _____

3. Have you or your child Athlete been in contact with or cared for anyone diagnosed with or suspected to have COVID – 19 within the last 14 days? _____

4. For complete guidelines – please refer to the DSA Return to Play Guidelines.

Parent/Guardian 1
Damascus Sports Association Member

Date

Coach
Damascus Sports Association Volunteer

Date