



COVID-19 PRE-SCREENING FORM

****All participants must fill out the following form EVERY day before practice and hand in at check-in before entering the field****

NAME:

DATE:

SIGNATURE (Guardian for participants under 18):

	YES	NO
Do I feel unwell today?		
Do I have a cough?		
Do I have a fever?		
Do I have a sore throat?		
Have I felt a shortness of breath?		
Do I have loss of taste or smell?		
Have I come into contact with someone with COVID-19?		
Have you been living with anyone who is sick or quarantined in last 14 days?		
Have I been outside of Maine in last 14 days?		
Temperature reading (taken at check-in). Must be below 100F.		