GREENWICH YOUTH FOOTBALL LEAGUE

COVID-19 Symptom Checker

This form must be fully completed prior to attending each session of a GYFL activity until further notice.

Date: ____/____/____ Program: _____

mm dd yyyy

Participant: _____

Last First

Email: _____

Tel: _____

Signature: _____

An adult parent or guardian should complete this form for a minor participant.

This form is being utilized to ensure that you are free from COVID-19 symptoms and pose limited risk to others.

Was your recorded temperature on today's date higher than 100.4° F? ☐ Yes ☐ No

Are you currently diagnosed with or believe you may have COVID-19? ☐ Yes ☐ No

Have you or anyone in your household traveled to any state(s on the CT Travel-Restricted List. You can find the most updated list at https://portal.ct.gov/Coronavirus/travel ☐ Yes ☐ No

Are you currently diagnosed with or believe you may have COVID-19?

High temperature (fever) ☐ Yes ☐ No

A new continuous cough ☐ Yes ☐ No

New unexplained shortness of breath ☐ Yes ☐ No

Have you been in contact with a COVID-19 confirmed or suspect case in the past 14 days? ☐ Yes ☐ No ☐ Maybe

If you have answered YES to any of these questions you should stay at home and inform your Team Mom, Organization President or the GYFL President and your primary care physician. You should follow the State of Connecticut's current public health guidance.

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