

COVID-19 Team Group Symptom Checklist

SCHOOL NAME:	CLASS:											
Name (Role)	County of Residence	<i>Fever</i>		<i>Cough or Sore throat</i>		<i>Loss of taste or smell</i>		<i>Shortness of breath</i>		<i>Close contact; or care for someone with covid-19</i>		<i>List Temp</i>
(Coach)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(Coach)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(Coach)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
(player)		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

COVID-19 - COACH/TEAM SYMPTOM CHECKLIST VERIFICATION 2020-21

I certify that our school has completed the prescreening of each person in our traveling party and team **TODAY** before traveling to the event.

We have read, understand, and agree to abide by all of the information contained within the MSHSAA Guidelines-Recommendations for Opening Sports and Activities.

I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Head Coach's Signature: _____

Date/Time of Completion: _____