

NPAA Participant (Coach/Volunteer/Player) Pre-screening Health Check

The usage of this pre-screening health check form is required prior to EVERY PRACTICE SESSION and is REQUIRED FOR EACH ATHLETE AND COACH OR VOLUNTEER. For minors, the parent or guardian must complete and submit this form for every practice their athlete participates in.

PLEASE NOTE: This form should be filled out within two hours leading up to the practice.

* Required

1. Practice Date (Today's Date) *

Example: January 7, 2019

2. Practice Time *

Example: 8:30 AM

3. What is your player's temperature? (If your player has a fever, please do not attend practice.) *

4. Does your player have symptoms of respiratory infection (fever, cough, shortness of breath, severe sore throat or muscle aches), unrelated to a known cause (ex. asthma) etc.? *

Mark only one oval.

Yes

No

5. Has the player or any member of the player's dwelling been in close contact of a person with confirmed COVID-19? (If yes, please provide context.) *

6. Parental/Guardian Confirmation for minors - minors cannot participate without confirmation. If over 18, confirm for Self. *

Check all that apply.

I confirm that the information submitted herein is true and accurate.

7. Name of Parent/Guardian or Self if over age 18. *

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