

TOH HEALTH QUESTIONNAIRE



Player Information:

Team First Name Last Name

Close Contact Questions:

- 1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 in the past 14 days or who has or had symptoms of COVID-19 in the past 14 days. Yes (radio) No (radio)
2. Have you tested positive for COVID-19 in the past 14 days? Yes (radio) No (radio)
3. Have you experienced any symptoms of COVID-19 in the past 14 days? Yes (radio) No (radio)

Signature _____ Date _____

Parent Information: (if under 18 years old)

Please read *

[checkbox] I affirm that I have answered the above questions honestly and to the best of my ability.

Parent / Guardian Date _____

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