

COVID-19 Screening

In order to reduce the spread of Covid 19, participants/visitors to The Soccer Coliseum must complete this Covid screening questionnaire prior to entering the facility. If you answer yes to any of the questions below, please DO NOT visit The Soccer Coliseum and immediately notify your medical provider.

- The participant/visitor has tested positive for COVID-10 or COVID variants within the past 14 days.
- The participant/visitor has, within the previous 48 hours experienced symptoms of COVID-19 or COVID variants (e.g. fever of 100.4 degrees F or higher, cough, shortness of breath or difficulty breathing, chills, repeated shaking, muscle pain/achiness, headache, sore throat, loss of taste or smell, nasal congestion, runny nose, vomiting, diarrhea, fatigue or any other symptoms associated with COVID-19 or COVID variants identified by the Center for Disease Control and Prevention).
- The participant/visitor has been exposed to someone who has tested positive for COVID-10 or Covid variant within the last 14 days and has not been fully vaccinated.
- The participant/visitor has within the prior 14 days, travelled to a state or international territory identified by federal or applicable local governments as being subject to travel or quarantine advisories due to COVID-19 or COVID variant.

By signing below, I acknowledge that I have read the above COVID-19 screening checklist and acknowledge that it is my responsibility to check my symptoms and the symptoms of my child before entering the facility.

Print Full Name

Team Name & Age Group

Signature

Date

