



COVID

- 1) Have you tested positive for COVID19? Y/N
 - a. IF YES Are you cleared to play sports and have written confirmation from a doctor? Y/ N : *If Yes you can play.*
- 2) Are you currently observing a 14 day Self – Quarantine Y / N
 - i. *If Yes you CANNOT play until your 15th day*
- 3) Do you currently have any new symptoms of respiratory illness (eg cough, shortness of breath, sore throat or body aches) Y / N
 - i. *If Yes you CANNOT play*
- 4) Have you visited any of the stats in that are on [this link](#) in the last 14 days. Y / N
 - i. *If Yes you CANNOT play until your 15th day from your return.*
- 5) Do you currently have a fever over 100.4 degrees. Y / N
 - i. *If yes you CANNOT play*