TeamSnap Health Check

Name of Participant: ____

Date: ____

Time: ____

Facility: ____

Association: ____

Cohort Name: ____

Team Name: ____

1. Have you experienced a fever of 38.0˚C or greater in the past 10 days?
   - Yes
   - No

2. Have you received a positive result from a COVID-19 test within the past 14 days?
   - Yes
   - No

3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?
   - Yes
   - No

4. Have you experienced any of the following symptoms within the past 14 days? Check all that apply
   - Cough
   - Shortness of breath
   - Sore throat
   - Runny nose
   - None of the above