

CRANK IT VOLLEYBALL CLUB
COVID-19 HEALTH QUESTIONNAIRE

NAME OF ATHLETE: _____

CIRCLE THE ANSWERS FOR THE FOLLOWING QUESTIONS

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| 1. In the previous 24 hours have you had a fever? | YES | NO |
| 2. In the previous 24 hours have you had a cough? | YES | NO |
| 3. In the previous 24 hours have you had a sore throat? | YES | NO |
| 4. In the previous 24 hours have you had shortness of breath? | YES | NO |
| 5. Have you had close contact, or cared for someone with COVID-19? | YES | NO |

To the best of my knowledge, the answers to the above questions are accurate.

Signature: _____ Date: _____