



Cardinals Girls Lacrosse Booster Club, Inc. (CGLBC)

Covid-19 Symptom Checker

<p>Date: _____/_____/_____</p> <p> MMM DD YYYY</p> <p>Participant: _____</p> <p> First Last</p> <p>Email: _____</p> <p>Tel: _____</p> <p>Signature: _____</p>	<p>This form must be completed prior to participating in any CGLBC activity.</p> <p>This form is utilized to ensure that you are free from Covid-19 symptoms and pose limited risk to others.</p> <p>An adult parent or guardian should complete this form for a minor participant.</p>
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Was your recorded temperature today higher than 100.4 degrees F? Yes _____ No _____

Have you or anyone in your household traveled to any state on the CT Travel Restricted List? You can find the most updated list at <https://portal/ct/gov/coronavirus/travel> Yes _____ No _____

Are you currently diagnosed with or believe you may have COVID-19? Yes _____ No _____

Do you have a high temperature or fever? Yes _____ No _____

 a new continuous cough? Yes _____ No _____

 new unexplained shortness of breath? Yes _____ No _____

Have you been in contact with a COVID-19 confirmed or suspect case in the last 14 days? Yes _____ No _____

If you have answered YES to any of these questions you should stay at home, inform your primary care physician and follow the State of Connecticut's current public health guidance.