



Health Check Roster

Tournament Date:	
Age Division:	U10 U12 U14 U16 U19 Adult
Team Name:	
Coach Name:	
Day of event cell #	

Covid Check*	Athlete Full Name	Athlete DOB	USAFH Member ?
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes
			Yes

Signature: _____

Note: ALL players MUST be USAFH members!

***See page two for Covid check instructions**



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COVID-19 Health Check Instructions

By putting a check or “x” in the Covid Check box next to each athlete’s name on your team roster and signing at the bottom the coach or manager is attesting that the entire team staff and each athlete has answered “No” to each of the following questions no earlier than the morning of your tournament:

1. Have you experienced a fever of 100.4 F or greater in the past 14 days?
2. Have you received a positive result from a COVID-19 test within the past 14 days?
3. In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that required you to quarantine?
4. In the past 14 days, have you or someone you have been in close contact with traveled to an area that required quarantine upon return?
5. In the past 14 days, have you experienced any of these symptoms that are not attributed to another health condition: cough, loss of smell or taste, runny nose, shortness of breath, or a sore throat?

Please review the complete EventHockey Covid-19 guidelines posted on our website for references.