



COVID-19 DAILY CHECKLIST

ILLNESS/HEALTH ASSESSMENT

This form is to be administered to all participants and coaches daily before entry onto the court. Any "yes" responses will require further review by Coach Deb or Steve. Please fill out this form prior to each practice. *Pre-printed forms with check boxes already filled out will not be accepted.*

Player's Name: _____ Date: _____

Location: Salt Lake Park Onipaa Fieldhouse Moanalua Park

Kunia Uptempo Gym 808 Hale Nuuanu Church

Practice Time: _____ Temperature: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| Have you or anyone in your household traveled out of the state in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you come into contact with anyone that has traveled from out of state in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or anyone in your household been diagnosed, tested or has a test pending, or quarantined in the past 14 days for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or anyone in your household come into contact with anyone that has recently been quarantined either here or out of state in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you come into contact with anyone that tested positive for COVID-19 in the past 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you participated in any non-Jammers indoor volleyball training sessions within the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the player experiencing any of the following symptoms: fever $\geq 100.4^{\circ}$ F, cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, new onset of nausea, vomiting, diarrhea, loss of taste or smell, body aches, headache within the last 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Privacy notice: Except for the circumstances in which JVC is legally required to report activity occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable laws and to the extent practical under the circumstances. When it is required the number of people who will be informed that an unnamed participant(s) have tested positive will be kept to the minimum needed to comply with reporting requirements and to limit the potential transmission to others. JVC reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if other people might have been exposed to the disease so they may take measures to protect their own health. JVC also reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if they might have been exposed to the disease so those individuals may take measures to protect their own health.

I certify this questionnaire is completed truthfully to the best of my knowledge:

Parent's Signature (for minor child)