



SEATTLE STARZ PRESCREEN WELLNESS QUESTIONNAIRE

Player Name: _____

Please check if any of the following symptoms or conditions are applicable for your son or daughter:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Have contact with someone diagnosed with COVID-19?

Anyone displaying one or more symptom(s) that may be related to COVID-19 are requested to seek medical attention and provide professional clearance documentation before participating in lacrosse practices or activities.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____