

Eagles Hockey Club

COVID-19 Daily Health Checklist

Parents and guardians of all players are required to screen their player according to this checklist each day and take the player's temperature before sending a player to hockey practice/game. By sending a player to hockey practice/game, you certify that you and your player have honestly answered NO to all of the Questions below.

If the player answers NO to all Questions, the player may attend hockey practice/game that day.

If the player answers YES to any of the Questions below, the player must not attend hockey practice/game.

After exhibiting symptoms, players are required to meet all return-to-play criteria before returning to hockey practice/game. If a player starts feeling sick during practice/game or experiences the symptoms listed below, the player will leave practice/game immediately.

	Yes	No
Does the player have a temperature of 100.4°F or greater?	<input type="checkbox"/>	<input type="checkbox"/>
Is the player taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce the player's fever?	<input type="checkbox"/>	<input type="checkbox"/>
Has the player had close contact or cared for someone with COVID-19 within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the player been directed to self-quarantine by a health care provider?	<input type="checkbox"/>	<input type="checkbox"/>
Has the player been directed to self-quarantine by the County or State Department of Public Health?	<input type="checkbox"/>	<input type="checkbox"/>
Has the player returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Has the player traveled within the past 14 days and stayed for more than 24 hours to any high-incidence state or location within the United States that has been identified by the Cook County Department of Public Health, the Illinois Department of Public Health, and/or the CDC as an area where travelers are guided to self-quarantine upon return? (As of July 31, 2020, the list includes Louisiana, Mississippi, Arizona, Alabama, Georgia, Tennessee, Nevada, South Carolina, Oklahoma, Texas, Idaho, Arkansas, California, Missouri, North Carolina, Utah, Wisconsin, North Dakota, Iowa, Kansas, Nebraska.)	<input type="checkbox"/>	<input type="checkbox"/>
Cook County Department of Public Health Guidance: Any person entering suburban Cook County living in a highincidence state, or who visited the high-incidence state for more than 24 hours is recommended to selfquarantine for 14 days after arrival, or for the duration of their stay in suburban Cook County, whichever is shorter.		

Is the player experiencing any of the following symptoms?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Chills	_____	_____	Congestion/Runny Nose	_____	_____
Sore Throat	_____	_____	New loss of taste or smell:	_____	_____
Cough	_____	_____	Shortness of breath/difficulty breathing	_____	_____
Fatigue	_____	_____	Nausea/vomiting/Diarrhea	_____	_____
Headache	_____	_____	Muscle or body aches	_____	_____

I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist for my child each day before sending my child to hockey practice/game.

PLAYER NAME: _____ PARENT/GUARDIAN NAME: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____