



## Covid-19 Self Screening Form

Screening shall consist of answering the following questions for anyone wishing to enter the Eddie Edgar Ice Arena, signing and dating this form. The form shall be turned into the Entry/Screening personnel prior to entering the Eddie Edgar Ice Arena

Name (PRINT CLEARLY)

Date

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Do you have a fever greater than 100.4 degrees

YES

NO

Do you have any of the following symptoms: Fever, Cough Shortness of Breath, Sore Throat, or Diarrhea?

YES

NO

Have you or anyone in your household had any 2 of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons; loss of smell, loss of taste, fever at or greater than 100.4 degrees Fahrenheit

YES

NO

Have you or anyone in your household had a positive test for COVID-19 in the past 21 days

YES

NO

Have you had any close contact in the last 14 days with someone with a COVI-19 diagnosis?

YES

NO

Have you traveled outside the State of Michigan in the last 14 days

YES

NO