



BYRAM HILLS YOUTH LACROSSE

BHYL COVID-19 SCREENING FORM

All participants (parents/guardians for minors) are required to submit this form on the day of and before participating in any Byram Hills Youth Lacrosse practice/game.

This form may be filled out and submitted online at: <https://forms.gle/epCN9J5o6h5F85496>

PARTICIPANT NAME: _____

TEAM:

BHYL BOYS 1/2

BHYL GIRLS 1/2

OTHER: _____

BHYL BOYS 3/4

BHYL GIRLS 3/4

BHYL BOYS 5

BHYL GIRLS 5/6

BHYL BOYS 6

BHYL BOYS 7/8

ROLE:

BHYL Player

Coach

Visiting Player

OTHER: _____

In the past 14 days, has the participant had close contact with an individual diagnosed with COVID-19?

YES NO

In the past 24 hours, has the participant experienced any symptoms of COVID-19 (fever, chills, fatigue, sore throat, muscle aches, shortness of breath, cough, loss of smell or taste, nausea, vomiting, other gastrointestinal issues)?

YES NO

YOUR NAME: _____

DATE: _____

RELATIONSHIP TO BHYL PARTICIPANT: Parent/Guardian

Self

OTHER: _____