



TYBA COVID-19 Self Checklist

Coaches, Referees, Volunteers, Players

To be completed prior to entering any TTSD Facility

Do you have a fever (temperature over 100.4F) without taking any fever reducing medications?

- Yes
- No

Have you experienced any symptoms such as nausea, vomiting, diarrhea, loss of appetite?

- Yes
- No

Have you, or anyone you been in close contact* with tested positive or have been quarantined in last 14 days?

- Yes
- No

Have you been asked to self-isolate or quarantine by a medical professional in last 14 days?

- Yes
- No

Loss of smell or taste? Y/N Muscle Aches? Y/N Sore Throat? Y/N Chills? Y/N

Shortness of Breath? Y/N Cough? Y/N Headache? Y/N

*Close contact is defined as being within 6' of an infected person for more than 15 minutes accumulated over a 24 hour period.

If you answered yes to any of the questions above, please stay home and contact TYBA immediately