

## 2021 HOTM COVID-19 HEALTH SURVEY

Please have all your staff, coaches, and athletes complete the symptom survey and return completed surveys to the Clerk of The Course prior to competition.

First Name	
Last Name	
Phone Number (It can be an Individual, Coach or Club Administration Phone Number)	

ANSWER EACH QUESTION	YES	NO
Have you had any COVID-19 symptoms in the past 14 days? <i>This includes one or more of the following: Shortness of Breath, Cough, Sore Throat, Stuffy Nose, Fever/Chills, Headache/Body Ache, Mucus Phlegm, Pink Eye, Loss of Smell/Taste, Discoloration and/or Painful Rash on Fingers/Toes, Hypersensitive Skin, Nausea/Vomiting, and Diarrhea.</i>		
Have you been in contact with someone who has tested positive for COVID-19 in the past 14 days?		
If yes to any of the questions above, have you been cleared by a doctor to be on venue and participate?		
Do you agree to follow all COVID safety protocols while on site including always wearing a mask & social distancing where required, and practicing good hygiene?		
Do you understand that if you repeatedly violate COVID-19 safety protocols you may be asked to leave the venue?		