KMLC Wellness Pre-Participation Screening Form

Today's Date: _____

Player Name	Time	Cough	Fever	Sore Throat	Shortness of Breath	Contact with someone with Covid-19	Temperature
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
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		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
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		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
		Yes No	Yes No	Yes No	Yes No	Yes No	
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		Yes No	Yes No	Yes No	Yes No	Yes No	
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