

# COVID-19 SCREENING ACKNOWLEDGMENT FORM

**Date:**

**Facility:**

**Time:**

After every game, please take a screen shot of this form and send it to Kyra Funk at [ke.funk12@hotmail.com](mailto:ke.funk12@hotmail.com) immediately upon completion. WE are required by the city and as well the health unit to provide this at any time. In failure to do so can result in GKSA losing diamond time.

Player	Email	Parent/Guardian	Verbal Screening Confirmed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

ANYONE WHO ANSWERS YES TO THE QUESTIONS MUST NOT BE ADMITTED TO THE DIAMOND.

SCREENING QUESTIONS WITNESSED BY GKSA VOLUNTEER: \_\_\_\_\_

PLEASE PRINT NAME AND SIGN \_\_\_\_\_