



Coach/Manager COVID-19 Screen Survey

Under Nevada Directive 034 adult Coaches, Managers, Officials/Referees & Team Staff are required to take a COVID-19 test prior to the start of the season or resumption of athletic activity,

Coach Name: _____

4v4 Team: _____

Did you complete a COVID-19 Test?

Circle : YES

Were the results of your COVID-19 Test Negative?

Circle : YES

Have you been in contact with someone that is COVID-19 positive in the last 14 days?

Circle : YES

Are you experiencing any of the following symptoms: fever, shortness of breath, cough, runny nose, sore throat, or loss of smell or taste?

Circle : NO

I confirm all information above is accurate and truthful.

Signature: _____ Date: _____