

MDP training screening for players practicing at MSUB Yellowjacket field

Name: _____
Last
First
Middle

Date: _____ Date of Birth: _____ Cell Phone: _____
 (MM/DD/YYYY)

Gender: Male Female Sport(s): soccer _____

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? Yes No

Before arriving at MSUB field, did you experience, or are you currently experiencing any of the following:

SYMPTOM	YES	NO	LENGTH OF SYMPTOM	EXPLANATION
Fever				
Body Chills				
Extreme Level of Fatigue				
Cough				
Pain / Difficulty Breathing				
Shortness of Breath				
Sore Throat				
Body / Muscle Aches				
Loss of Taste				
Loss of Smell				
Changes to Vision / Eye Discharge				

Player Signature: _____ Date: _____