HOOS Health Check

*Please complete your Health Check daily if you are coming to Grounds.*

Health Check
Are you experiencing any of the following new symptoms?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- Gastrointestinal symptoms
- Loss of taste or smell
- Congestion or runny nose

By selecting “No” below you also affirm that you have not been advised to self-quarantine as part of an active contact trace.

☐ No, I Don’t Have Symptoms

☐ Yes, I Have Symptoms

Printed name: ________________________________________________________________

Signed: _________________________________________________________________

Date: _________________________________________________________________

Thank you for completing your Health Check.