



Johnston Parks & Recreation Department's Youth Soccer Self-Attestation Screening Tool

SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
FEVER OR CHILLS (temperature reading of 100.4°F (38.0°C) or above)		
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FATIGUE		
MUSCLE OR BODY ACHES		
HEADACHE		
SORE THROAT		
NEW LOSS OF TASTE OR SMELL		
CONGESTION OR RUNNY NOSE		
NAUSEA OR VOMITING		
DIARRHEA		

RISK FACTORS

	YES	NO
Have you been directed to quarantine or isolate by the RI Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end? _____		
The items below are not risk factors if: <ul style="list-style-type: none"> You're fully vaccinated against COVID-19 (more than 14 days after final dose); OR You've tested positive for COVID-19 in the past 90 days and completed your isolation period; OR You've tested out of quarantine based on current requirements. 		
Have you been in close contact (less than 6 feet for 15min or more) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
Have you traveled anywhere outside the United States (US) and US territories in the past 14 days?		
Have you traveled to Rhode Island for a non-work-related purpose from a hot spot within the US and US territories? See a current list of hot spots at www.covid.ri.gov/travel		

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, THEN YOU CANNOT ATTEND OUR SOCCER PROGRAM FOR THE SAFETY OF OTHERS.

- Please pre-screen for symptoms before arriving to the field.
- A parent/guardian for each participant will be asked to sign the Johnston Parks & Recreation Department's Daily Soccer Group Attestation Form (as seen on the following page) upon arrival to the Johnston Soccer Complex.
 - The same will be asked of all Recreation employees and volunteer coaches.
- By signing the Daily Soccer Group Attestation form, you are attesting that you/child participating are not experiencing any signs/symptoms/risk factors of COVID-19 as outlined above (in the Johnston Parks & Recreation Department's Youth Soccer Self-Attestation Tool).



Johnston Parks & Recreation Department's Daily Soccer Group Attestation Form

*****In signing this form, you are attesting that you/child participating are not experiencing any signs/symptoms/risk factors of COVID-19 as outlined in the Johnston Parks & Recreation Department's Youth Soccer Self-Attestation Screening Tool.**

Date	Participant's Name	Signature of... <ul style="list-style-type: none">- parent/guardian of participant- staff member- volunteer coach

Group _____ Recreation Staff Member Collecting Signatures _____