



USA RUGBY COVID-19 SYMPTOM CHECKER

NAME

DATE

EMAIL/PHONE

Are you currently diagnosed with or believe you may have COVID-19?

Yes

No

Have you had any of these symptoms of COVID-19 in the past 14 days?

High temperature (fever or chills)?

Yes

No

A new continuous cough?

Yes

No

New unexplained shortness of breath or difficulty breathing?

Yes

No

Have you been in contact with a COVID-19 confirmed or suspected case in the previous 14 days?

Yes

No

New unexplained muscle pain or body aches?

Yes

No

New loss of taste or smell?

Yes

No

New vomiting or diarrhea?

Yes

No

If you have answered YES to any of these questions you should stay at home and inform your club administrator and doctor.