



Naperville Yard

DAILY HEALTH SCREENING CERTIFICATION

THIS FORM IS REQUIRED BEFORE THE START OF YOUR RENTAL

TEAM/CLUB/RENTER NAME

I, understand, as an authorized representative of the above team/club/renter, certify that within the last 60 minutes I have screened all athlete, coaches, and family/spectators participating with the above name, and attest that every athlete, coach and family/spectator has been verified to exhibit **none** of the following symptoms:

- A fever in excess of 100.4 degrees, confirmed by infrared thermometer
- Cough
- Sore throat
- Congestion or runny nose
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Nausea or vomiting
- Diarrhea

I also certify that I have in my possession documentation that all parties listed above have been screened.

I understand that any athlete or coach who exhibits **any** of the above listed symptoms may not participate for the duration of the rental and should cease any interaction with other athletes, coaches and spectators.

NAME OR PERSON COMPLETING THIS FORM

TITLE (COACH, ADMINISTRATOR)

SIGNATURE

TIME

DATE