



## 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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for completing your Health Check.