



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.