NESS COVID-19 Self-Checklist

- Have you had a **Fever** (temperature over 100.3F) without having taken any fever reducing medications in the last 24 hours?
- Do you have a **Loss of Smell or Taste?**
- Do you have a **Cough**?
- Do you have **Muscle Aches**?
- Do you have a **Sore Throat**?
- Do you have **Shortness of Breath**?
- Do you have **Chills**?
- Do you have a **Headache?**
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite?**
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

If you answered YES to any of these questions then you may NOT attend your scheduled lacrosse activity. You must remain home and contact your health care provider, before being able to return.