



Current Temperature: _____

COVID-19 Daily checklist

COVID-19 ILLNESS/HEALTH ASSESSMENT

To be administered to all participants and coaches daily before entry onto court(s) /gym.
For any "yes" responses please inform Coach Barney, Coach James or Coach Kawika immediately for further guidance.

Name: _____ Date: _____
Please Print

NKM Event: _____

COVID-19 symptoms include but are not limited to fever, coughing, shortness of breath

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

Are you experiencing any symptoms such as fever, cough, or shortness of breath? Yes No

Have you been in close contact* with anyone who has been diagnosed with COVID-19? Yes No

Have you been in close contact* with anyone who may have COVID-19 but is yet to be confirmed? Yes No

Are you currently in close contact* with anyone, such as a family member, who is experiencing symptoms or has been confirmed as positive for COVID-19? Yes No

Have you traveled outside of the state of Hawaii in the last 10 days? Yes No

If yes, have you taken a COVID-19 test upon your return to Hawaii? Yes No

If yes, was your test negative? Yes No

Privacy Notice: Except for circumstances in which NKM is legally required to report activity occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable laws and to the extent practical under the circumstances. When it is required the number of people who will be informed that an unnamed participant(s) have tested positive will be kept to the minimum needed to comply with reporting requirements and to limit the potential transmission to others. NKM reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if other people might have been exposed to the disease so they may take measures to protect their own health. NKM also reserves the right to inform representatives of other participants that an unnamed person/people have been diagnosed with COVID-19 if they might have been exposed to the disease so those individuals may take measures to protect their own health.

I certify this questionnaire is completed truthfully to the best of my knowledge.

Signature (Participants 18+ or Representative of Participant 18+)

***Close Contact:**

Guidelines from the federal Centers for Disease Control and Prevention define "close contact" as anyone who has been within 6 feet of a person infected with the virus for a "prolonged period of time," or being coughed or sneezed on by an infected person.