



KM United FC

KM United Youth Self-Assessment for COVID-19 Symptoms

DATE:- _____

PLAYER NAME: - _____

Each participant should self-screen prior to arrival at training to ensure they do not have any of the following symptoms (confirmed by a parent for those under age 18)	Check Negative	Check Positive
A high temperature (above 37.8 degrees) Note:- KM United may include on-site temperature checking of participants also		
A new continuous cough		
Shortness of breath		
A sore throat		
Loss of or change in normal sense of taste or smell		
Feeling generally unwell		
Been in close contact with/living with a suspected or confirmed case of COVID-19 in the previous two weeks		

PARENT NAME: - _____

PARENT SIGNATURE: - _____