



DIOCESE OF BROOKLYN/QUEENS

CYO Covid-19 Screening Questionnaire

In order to continue providing the safest environment possible for our players, coaches, staff and officials, we ask that you fill out the below survey with information about yourself and your child prior to attending any CYO practices and games.

NAME: _____ DATE: _____ GAME TIME: _____

LOCATION: _____ PHONE#: _____

CHILD'S NAME (if applicable): _____

POSITION (CYO STAFF/COACH/PAR/AD/OFFICIAL/PARENT/PLAYER): _____

Please answer the following questions by placing a X next to your answer

1. In the past 24 hours, have you experienced a fever or any flu like symptoms?
☐ YES ☐ NO
2. Have you recently been in close contact with anyone who has exhibited any of the above symptoms?
☐ YES ☐ NO
3. Have you recently been in close contact with anyone who has tested positive for Covid-19?
☐ YES ☐ NO
4. Have you recently traveled to a restricted area according to New York State's travel advisory?
☐ YES ☐ NO

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge:

Signature: _____

Date: _____

Note: The information on this form will be maintained as confidential.