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**4-H Shooting Sports National Championships**

**TEAM COACH & COORDINATOR**

**HEALTH SCREENING YOUR TEAM MEMBERS**

**STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCIPLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACTIVITY DAY (CIRCLE ONE): M T W TH**

**Have you or any of your team members or coaches experienced any of the following symptoms in the past 24 hours?**

*Participants, coaches, and staff showing signs/symptoms of COVID-19 (fever over 100.4℉, sudden onset of cough or sudden onset of shortness of breath, or loss of taste of smell) shall not participate.*

 Yes  No

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COACH / COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Printed Name)**

**COACH/COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Signature)**