



ERROR CORRECTION FORM - TeamSnap Health Check

Please use this form in the event that you have made an error when submitting your 'Health Check'. This form should be completed and given to the Head Coach or Manager of your team, who will be responsible for submitting to the appropriate association representative. Alternatively, an online version of this form can be found here: [\(Coming Soon\)](#)

Name of Participant: _____

Date: _____

Time: _____

Facility: _____

Association: _____

Cohort Name: _____

Team Name: _____

1. Have you experienced a fever of 38.0°F or greater in the past 10 days?
 Yes
 No
2. Have you received a positive result from a COVID-19 test within the past 14 days?
 Yes
 No
3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?
 Yes
 No
4. Have you experienced any of the following symptoms within the past 14 days? Check all that apply
 Cough
 Shortness of breath
 Sore throat
 Runny nose
 None of the above