

# MALVERN BASKETBALL LEAGUE

## GAME DAY COVID-19 SCREENING FORM

Date: \_\_\_\_\_ Game Time: \_\_\_\_\_ Gym Location: \_\_\_\_\_

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Coach,

Please verify the following issues regarding the health of your team members that are present for today's game:

- No team member has a temperature of 100.4 F or above.
- No team member is experiencing symptoms such as cough, sore throat, chills, muscle aches, etc.
- No team member has been in contact with anyone suspected of or confirmed with COVID-19.

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

---

### TRACING / TRACKING PROCEDURES

- After today's game, if any member of your team is detected as positive with COVID-19, please email us immediately at [malvernleague@aol.com](mailto:malvernleague@aol.com) and call 610-431-6397.
- The Malvern League will then contact the coach of your opponent of your previous game.