

Landmark Eagles Football

Health Screening Questions

Are you exhibiting any symptoms related to COVID-19, i.e. fever, cough, sore throat, shortness of breath, chills, muscle pain, headache, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, or diarrhea?

Have you had any person-to-person contact with someone who has exhibited COVID-19 symptoms or who has been diagnosed with COVID-19 in the last 7 days?

Have you been tested for COVID-19 in the last 14 days? If so, what was the result?