



The
Bob Silvester

2020 Junior Golf Program
Orleans Country Club



COVID-19 QUESTIONNAIRE

Name: _____ Date: _____

Date of Birth: _____ Age: _____

Player Temperature upon arrival. _____ Individual taking temperature. _____

Have you traveled in the past 14 days to any regions affected by COVID-19?
Yes / No

Have you been in contact with any confirmed COVID-19 positive individuals?
Yes / No

Do you have (*circle all that apply*): heart disease, lung disease, kidney disease, diabetes, or any autoimmune disorders?

Are you experiencing any of the symptoms below?

Acute respiratory illness	Yes / No	Vomiting	Yes / No
100.4+ degree temp	Yes / No	Fatigue	Yes / No
Coughing	Yes / No	Headache	Yes / No
Shortness of Breath	Yes / No	Body Ache	Yes / No
Diarrhea	Yes / No	Loss of taste/smell	Yes / No

To parent: Have you signed, agreed to, and submitted the Orleans Country Club communicable disease release of liability agreement?
Yes / No

If “yes”, please sign and date below to confirm.

Follow up Golf Clinics: If there are no changes in the above information, initial below.

July 25, 2020 _____

August 8, 2020 _____