



COVID-19 CONTACT REPORT

Please complete this form and return to FSCI site headquarters if present or via tournaments@fredericksburgsoccer.org if off site.

Persons to be reported include players, coaches, and spectators.

Time and Date of Report _____

Club Name of affected person(s) _____

Age Group and Team of affected person(s) _____

Number of affected persons _____

Symptoms present _____

Has testing occurred? If so, when and where? _____

Describe who the person(s) affected may be been in contact with, including other teams, staff, restaurants, gas stations, etc.

Name, role and contact email and phone number of person submitting report
