

# Abington Area Girls Softball League

## Health Screening Checklist

Please answer "Yes" or "No" to each question.

If you answer YES to any of the following questions, please stay home and notify the AAGSL COVID Safety Officer (Tori Yankow 570-687-2872).

Do you have:

\_\_\_ Fever or feeling feverish? Chills?

\_\_\_\_\_ What is the temperature of the player, parent or spectator? (100.4 or higher)

\_\_\_ A new cough?

\_\_\_ Shortness of breath?

\_\_\_ A new sore throat?

\_\_\_ New muscle aches?

\_\_\_ New headache?

\_\_\_ New loss of smell or taste?

\_\_\_ Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?

\_\_\_ To the best of your knowledge, have you been in close proximity to any individual who tested positive or is a presumed positive for COVID-19?