



HWYBB Family Self-Screen Checklist

Please do NOT attend HWYBB event if response is “Yes” to any of the following in Section 1:

Section 1 (“No” Response Required for All)		
Yes	No	Screening Question
<input type="checkbox"/>	<input type="checkbox"/>	In the past 24 hours, have you (or your player) had any of the following symptoms? Fever (over 100), cough, trouble breathing, new loss of smell or taste, sore throat, muscle/body aches, GI symptoms, headache, and/or fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 14 days, have you or anyone in your family received a positive test result for Covid-19?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 14 days, have you been identified as a close contact to an individual diagnosed with Covid-19?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 14 days, have you been asked to isolate or quarantine by a medical professional or local public health office?

Please do NOT attend HWYBB event if response is “No” to any of the following in Section 1:

Section 2 (“Yes” or “N/A” Response Required)			
Yes	No	N/A	Screening Question
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you have travelled out of state in the past 14 days, have you followed the most recent guidance under the Massachusetts COVID-19 Travel Order at http://mass.gov/info-details/covid-19-travel-order ?