



2021 COVID-19 Player Screening Form

LTJBSA

All parents must present a completed copy of this screening form prior to their child taking the field for any LTJBSA baseball or softball activity. No child is permitted to attend a LTJBSA practice or game without presenting a completed form beforehand -- no exceptions allowed. Thank you for your cooperation in keeping our children safe.

Any parent or child that answers YES to any of the screening questions may not take the field and must immediately contact their doctor and stay home until advised otherwise. **Please use common sense above all else. **

SCREENING QUESTIONS

1. Have you, your child, or anyone in your home had contact within the last fourteen days with any person under screening/testing for COVID-19, or with known or suspected COVID-19?
2. Do you, your child, or anyone in your home currently have any of the following symptoms:
 - Fever of 100.4°F or higher, or a sense of having a fever.
 - New cough that cannot be attributed to another health condition.
 - New shortness of breath that cannot be attributed to another health condition.
 - New sore throat that cannot be attributed to another health condition.
 - New muscle aches that cannot be attributed to another health condition or that may have been caused by a specific activity (such as physical exercise).

PARENTS: PLEASE INITIAL ONE BOX AND DATE/SIGN BELOW.

THIS MUST BE PRESENTED TO A COACH PRIOR TO A PLAYER TAKING THE FIELD.

I answer **NO** to ALL screening questions.
My child will participate in baseball
activities.

I answered **YES** to one or more screening
questions. My child will stay home and
contact a doctor.

Player Name

Date

Parent Name

Parent Signature