



***2020 COVID-19 SCREENING QUESTIONNAIRE**

Are you currently experiencing a fever (100.4 or higher) or have a sense of a fever?

YES___ (must return home) NO___

Do you have a new cough that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have shortness of breath that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have new chills that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have a new sore throat that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have muscle aches that cannot be attributed to another health condition or activity?

YES___ (must return home) NO___

PLAYER NAME (print)

NAME OF PARENT/GUARDIAN (print)

SIGNATURE OF PARENT/GUARDIAN

TODAY'S DATE:

___ / ___ /2020

Pursuant to directives and safety protocols issued by the CDC, this screening form must be filled out in total and brought to all KIDBALL activities for 2020 seasons. The player, will not be allowed to participate and will be directed to return home without this form filled out and turned in at each session. Extra forms will be on hand at the field.