Health Check Questionnaire:

Coaches: You MUST ask the PARENTS of the player these five questions <u>each</u> practice or game. If they answer "yes" to any of the questions, <u>the player cannot not practice/play</u>. Keep this document with you on premise at Berlin Little League. In the event the Health Department shows up it MUST be present.

1. Have you experienced a fever of 100.4 F or greater in the last 14 days?

2. Have you received a positive result from a COVID-19 test within the past 14 days?

3. In the past 14 days, have you been in close contact with anyone that has or had symptoms of COVID-19 that require you to quarantine?

4. In the past 14 days, has someone you or someone you have been in close contact with traveled

to an area that required quarantine upon return?

5. In the past 14 days, have you experienced any of the following symptoms that are not attributed to another health condition: cough, loss of smell or taste, runny nose, shortness of breath, or a sore throat?

Player Name:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach will initial below.	Parent answered "NO" to questions 1-5. Coach wil initial below.
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