



Banneker City Little League



COVID-19 Screening Questionnaire Players & Spectators

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

- ☐ Yes (Ineligible to participate)
☐ No

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

- ☐ Yes (Ineligible to participate)
☐ No

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

- ☐ Yes (Ineligible to participate)
☐ No

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

- ☐ Yes (Ineligible to participate)
☐ No

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

- ☐ Yes (Ineligible to participate)
☐ No

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

- ☐ Yes (Ineligible to participate)
☐ No

Player's Name: _____

Adult/Parent's Name: _____

Signature of Adult/Parent: _____

Today's Date: _____ / _____ / _____

This screening form must be filled out in full for each practice and game. Players and spectators will not be allowed to participate in practices or games without first completing this form.

Thank you for your help!