

**Date:**

**Ball Player:**

**Parents:**

1. **Are you experiencing any of the following?**

* severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
* severe chest pain
* having a very hard time waking up
* feeling confused
* lost consciousness

YES NO

1. **Do you have any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| • Fever | | • Muscle or joint aches and pains | |
| • Cough | | • Loss of sense of smell or taste | |
| • Shortness of breath | | • Dizziness | |
| • Sore throat | | • Nausea | |
| • Chills | | • Vomiting | |
| • Headache | | • Diarrhea | |
| • Runny nose | | • Loss of appetite (or difficulty feeding for children) | |
| • Conjunctivitis | | • Fatigue | |
| • Nasal congestion |  | |

YES NO

1. **Were you exposed to someone who is under investigation for COVID-19 or has been confirmed as having COVID-19 within the last 14 days?**

YES NO

1. **In the past 14 days have you returned from international travel?**

YES NO

If you have answered yes to any of these questions, please do not attend any ball activity and let your coach know.