

**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.