



***District 11 COVID-19 Screening  
Questionnaire & Attestation***

***Player's Name:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Please Circle YES or NO to the following questions:***

- 1) Has the player tested positive or been in touch with someone who has tested positive for COVID-19 in the past 14 days? YES NO***
- 2) Has the player been instructed by your PCP to self-quarantine in the last 14 days? YES NO***
- 3) Has anyone in your household been instructed by a medical provider to self-Quarantine in the last 14 days? YES NO***
- 4) Has the player had or having a temperature greater than 100.4? YES NO***

***Sub-question; Any recent surgery in the past week? YES NO***

- 5) Have they experienced any of the following symptoms?***

- |   |                      |
|---|----------------------|
| <b><i>*Cough</i></b>                                    | <b><i>YES NO</i></b> |
| <b><i>*Sore Throat</i></b>                              | <b><i>YES NO</i></b> |
| <b><i>*Shortness of Breath (Not related to COPD</i></b> | <b><i>YES NO</i></b> |
| <b><i>*Difficulty Breathing</i></b>                     | <b><i>YES NO</i></b> |
| <b><i>*Headache</i></b>                                 | <b><i>YES NO</i></b> |
| <b><i>*Muscle Aches</i></b>                             | <b><i>YES NO</i></b> |
| <b><i>*Loss of Taste or Smell</i></b>                   | <b><i>YES NO</i></b> |

- 6) Has the player been fully vaccinated, as per CDC definition? YES NO***

***I attest the aforementioned are correct to the best of my knowledge;***

***Thereby authorizing the player to participate in Little League Baseball & Softball!***

***Parent/Guardian Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_