



## 2020 COVID-19 SCREENING QUESTIONNAIRE Players, Coaches, Umpires

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

YES\_\_\_ (must return home)      NO\_\_\_

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

YES\_\_\_ (must return home)      NO\_\_\_

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

YES\_\_\_ (must return home)      NO\_\_\_

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

YES\_\_\_ (must return home)      NO\_\_\_

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

YES\_\_\_ (must return home)      NO\_\_\_

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

YES\_\_\_ (must return home)      NO\_\_\_

FULL NAME (print) \_\_\_\_\_

SIGNATURE IF PERSON IS ADULT \_\_\_\_\_

IF MINOR, NAME OF PARENT/GUARDIAN (print) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

TODAY'S DATE- \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pursuant to directives issued by the Governor of Virginia, this screening form must be filled out in total and brought to turn into your COVID coach or head coach for every single NVTBL/NVCL event (practices, workouts, games, etc). The COVID coach or head coach will maintain a copy of all screening forms throughout the entire season. The player, coach or umpire will not be allowed to participate and will be directed to return home without this form filled out and turned in each day.