

Manasquan-Brielle Little League

COVID-19 ACTIVE SCREENING

Team:

Event: Game/Practice

Your child's health and well-being are of the utmost importance and we are taking measures to keep this a safe environment for all players and participants as well the public. Therefore, anyone coming into the facility or practice areas will be screened and part of our screening process will include asking the following questions prior to each practice and game.

1. Within the last 14-days, have you/your child experienced a new cough that you cannot attribute to another health condition?
2. Within the last 14-days, have you/your child experienced new shortness of breath that you cannot attribute to another health condition?
3. Within the last 14-days, have you/your child experienced a new sore throat that you cannot attribute to another health condition?
4. Within the last 14-days, have you/your child experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
5. Do you or your child now have or within the last 14-days, have you/child had a temperature at or above 100.4° or the sense of having a fever?
6. Within the last 14 days, have you/your child had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?*

By signing below, you attest that you have answered NO to all of the questions above. Do not sign below if you have answered yes to any of the questions.

Player(s)

Parent/Guardian Signature

Date



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