

Lakewood Little League Coronavirus (COVID-19) Daily Screening Form

Due to the evolving situation with the novel Coronavirus (COVID-19), LAKEWOOD LITTLE league is taking precautionary measures of all individuals who enter our fields, dug outs, bleachers, etc. by completing a Safety Assessment. **Lakewood Little League** reserves the right to evaluate the potential for health and safety risks at our discretion and deny Play or access on any premises.

Date: _____ Player Name: _____ Phone Number: (____)-____-_____

COVID-19 QUESTIONNAIRE for PLAYER/PARENT/GUARDIAN/VISITOR
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I, _____, certify that I have provided the information below, and
Parent Name (Printed)

that it is accurate to the best of my knowledge. I understand that if my travel status changes and/or I have contact with a confirmed or suspected COVID-19 and/or I experience a fever, a cough or have difficulty breathing, I must notify my MANAGER/COACH or a **LAKEWOOD LITTLE LEAGUE Team Safety Officer** immediately.

Temperature: _____ Deg. F.

In the last 14 days, have you traveled to or returned from a destination with a Travel Health Notice issued by the Centers for Disease Control and Prevention (CDC) with a **Level 2 OR Level 3 Warning** for COVID-19?

YES **NO** If YES, what day did you return to your home or current location? _____

In the last 14 days, have you been in close contact with a **confirmed or suspected** COVID-19 case?

YES **NO** If YES, what was the last day you were in contact with individual? _____

In the last 14 days, have you experienced a fever **and** a cough or difficulty breathing?

YES **NO** If YES, what was the first day you experienced these symptoms? _____

and what was the last day you experienced these symptoms? _____

YES **NO** Have you tested positive for COVID-19 in the last 72 hours, 3 days before today? Note: We do not keep copies of vaccination cards or COVID-19 test results since they are confidential medical records.

Signature: (Parent) _____ **Date Signed:** _____

COVID-19 SAFETY CERTIFICATION (To Be Completed by League Team Safety Officer)
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Evaluator: If the answer to any question above is **YES** the individual is not cleared to participate or attend any LLL event. The Safety Assessment shall be forwarded to LLL Board of Directors Safety Officer immediately.

Is this individual cleared to participate in the LLL event **YES** **NO**

If **NO**, the individual is eligible to be re-evaluated on:

Staff or Participants Name: (Print) _____

Staff Member Signature: _____ **Date:** _____