



LSLL Fall 2020 COVID Questionnaire

In the last 24 hours have you, your player, or anyone in your household had:

1. Yes _____ No _____ A fever of 99 or above? Please take your child's temperature and record it here: _____
2. Yes _____ No _____ A cough that can't be attributed to another health condition?
3. Yes _____ No _____ New shortness of breath?
4. Yes _____ No _____ Recent loss of sense of smell or taste?
5. Yes _____ No _____ Body/muscle aches that can't be attributed to another health condition?
6. Yes _____ No _____ A sore throat that can't be attributed to another health condition?
7. Yes _____ No _____ Nausea or diarrhea that can't be attributed to another health condition?
8. Yes _____ No _____ A positive COVID test in the last 14 days?
9. Yes _____ No _____ Been in direct contact with anyone who has tested positive for COVID in the last 14 days?

If you answered "yes" to any of these questions you are not allowed to participate in an LSLL event. You should not return to play until you or your family member are fever and symptom free for three (3) calendar days with the use of medication.