

# Little League Questionnaire

Must be completed for anyone participating in a CLL event (practice, game, etc.) and handed to team manager.

1. Have you or anyone in your household had COVID-19 symptoms in the past 14 days, including but not limited to cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or loss of taste or smell?

Yes

No

2. Have you or anyone in your household had a positive COVID-19 test in the past 14 days?

Yes

No

3. Are you or is anyone in your household awaiting the results of a COVID-19 test?

Yes

No

4. Have you or anyone in your household had close contact with a person who is considered a confirmed or suspected positive COVID-19 case in the past 14 days?

Yes

No

5. Have you or anyone in your household travelled outside of New York State to a state designated as a state with significant community spread of Covid-19 pursuant to the New York State Travel Advisory?

Yes

No

6. Have you or anyone in your household had contact with an individual who resides in or travelled outside of New York State to a state designated as a state with significant community spread of Covid-19 pursuant to the New York State Travel Advisory?

Yes

No

Team: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## Only Team Manager / Coach Fills Out Below

Participated in Event (y/n): \_\_\_\_\_ Team Manager / Coach (Initial): \_\_\_\_\_