

CMLL COVID-19 Screening Questionnaire

This questionnaire must be completed by each participant (parents/guardians for players) and presented to the coach. Families with multiple members on one team (coaches and/or players) may report on one form. Temperatures should be taken on the day of the event before reporting to the field for each game or practice. ***If you do not complete the form, you will not be allowed to participate.***

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CHOOSE ONE	
1. Have you experienced any of the following symptoms in the past 48 hours? <ul style="list-style-type: none"> • fever greater than 100.4°F (38°C) • cough or shortness of breath • sore throat • chills • muscle aches or rigors • headache • new loss of taste or smell • abdominal pain, nausea, vomiting, or diarrhea 	YES	NO
2. Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with: <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? OR <ul style="list-style-type: none"> • Anyone who has any symptoms consistent with COVID-19? 	YES	NO
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
4. Are you currently waiting on the results of a COVID-19 test?	YES	NO

If you answered **YES** to **ANY** question, you **may not** participate. Please inform your coach via phone or email. Do not come to the field; please go home and contact your health care provider.

For multiple family members completing the same form: if any participating member of your family answered **YES** to question 1, no family members may participate.

If you answered **NO** to all questions, you may participate.

Name _____

Name _____

Name _____

Signature _____

Date _____