



Fairfax Little League

COVID-19 Self-Check Questionnaire

(Players, Coaches, Volunteers)

Are you currently experiencing a fever (100.4 or higher) or have a sense of a fever?

YES___ (must return home) NO___

Do you have a new cough that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have shortness of breath that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have new chills that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have a new sore throat that cannot be attributed to another health condition?

YES___ (must return home) NO___

Do you have muscle aches that cannot be attributed to another health condition or activity?

YES___ (must return home) NO___

PARTICIPANT NAME (print) _____

SIGNATURE IF PERSON IS ADULT _____

IF MINOR, NAME OF PARENT/GUARDIAN (print) _____

SIGNATURE OF PARENT/GUARDIAN _____

TODAY'S DATE- _____ / _____ / _____

Pursuant to directives issued by the Governor of Virginia, and in lieu of signing the Fairfax Little League COVID-19 Self Check Sign-In Form, this screening form must be filled out in total and turned into your COVID coordinator or manager for every single Fairfax Little League event (practices, workouts, games, etc), prior to participation. The COVID coordinator or manager will maintain a copy of all screening forms throughout the entire season.