

# MADISON LITTLE LEAGUE CHECK IN/ATTENDANCE LOG

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ FACILITY: \_\_\_\_\_

**SCREENING QUESTIONS (IF YES TO ANY, SEND HOME)**

- A. Have you had a fever of 100.4 degrees or greater in last 24 hours?
- B. Have you exhibited any of the following symptoms over the past 10 days: fever or chills, dry cough, shortness of breath/difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea?
- C. Have you been in close contact (as currently defined) with anyone who has tested positive for COVID-19 during the past 10 days?
- D. Have you travelled internationally or to any of the US states subject to quarantine during the past 10 days?

>>> Take a photo of this form and email to MLL at [smz973@yahoo.com](mailto:smz973@yahoo.com) immediately upon completion. <<<

PARTICIPANT NAME (Last, First)	HAS PARTICIPANT ANSWERED <u>NO</u> TO ALL 4 SCREENING QUESTIONS? (Check box if applicable.)	HAS PARTICIPANT ANSWERED <u>YES</u> TO ANY OF THE 4 SCREENING QUESTIONS? (Check box if applicable, and note the letter of question(s) answered "yes".)

(Use reverse side if additional rows are needed)

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Evaluator's Name: \_\_\_\_\_ Signature: \_\_\_\_\_