

**District 39 Little League Return to Play Screening Questionnaire-
To be implemented before Little League event**

1. Do you or anyone in your household have any of the following signs or symptoms:
 - a. Fever of 100F or 37.8C degrees or higher- (Temperatures checked at home prior to coming to any event)
 - b. Feeling of fever or chills
 - c. Sore throat
 - d. Shortness of breath or difficulty breathing
 - e. Body aches or fatigue
 - f. Cough
 - g. New loss of taste or smell
 - h. Nausea, vomiting or diarrhea
 - i. Runny nose or congestion that is different from pre-existing allergies?
2. Have you had close contact with a person who has Covid-19 in the last 14 days?
3. Are you currently being tested for Covid?
4. Have you had close contact with anyone who is currently being tested for Covid?

What counts as close contact? ANY of below, as defined by CDC.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

- a. You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
 - b. You provided care at home to someone who is sick with COVID-19
 - c. You had direct physical contact with the person (hugged or kissed them)
 - d. You shared eating or drinking utensils
 - e. They sneezed, coughed, or somehow got respiratory droplets on you.
- Any participant who answers yes to screening questions should be sent home, and coach/manager and Safety Officer should be notified immediately to allow for assessment of situation.