

## LAKES REGION LEAGUE COVID SCREENING

To protect officials and game participants, complete the following on game day. Please take your temperature, complete the form, and bring it with you to the game to give to the game administrator.

1. Name:

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2. Today's Date:

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3. Record your temperature below. Do not enter game site if your temperature is 100 degrees or higher.

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4. Do you have signs or symptoms of respiratory illness, or any of the following symptoms: fever above 100 degrees, cough, shortness of breath, muscle pain, chills, headache, sore throat, or loss of taste or smell? Do not enter game site if you answer yes for any of the symptoms listed.

Yes or No: \_\_\_\_\_

5. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19? Do not enter game site if you answer yes.

Yes or No: \_\_\_\_\_

6. In the last 14 days, did you travel internationally or to a location within the U.S. where there is a significant increase in the community-based spread of COVID-19? Do not enter game site if you answer yes; additionally, you will be required to follow the current executive orders for each state regarding completing a 14-day quarantine.

Yes or No: \_\_\_\_\_

7. Signature:

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