PARENT AND PLAYER PRE-ARRIVAL COVID-19 SELF-ASSESSMENT REQUIREMENTS

Parents and Players will be required to complete the Pre-Arrival COVID-19 Self-Assessment. Temperatures may be taken upon event arrival.

Please Check all that apply.

 My child does NOT have a fever of 100.4℉ or higher.

 My child is NOT experiencing any of the following symptoms:

 Cough; Shortness of breath/ or difficulty breathing; Fever; Chills; Muscle Pain; Sore Throat; New loss of taste or smell; Persistent pain or pressure in the chest; Inability to wake or stay awake; Bluish lips or face.

 Neither my child nor anyone in my immediate household has tested positive for COVID-19 in the past 14 days.

 Neither my child nor anyone in my immediate household has had close contact with a confirmed or suspected COVID-19 case in the past 14 days.

 My child did NOT take any medication before Sheppard Baseball School event with the explicit purpose of lowering their temperature.

BY COMPLETING THIS FORM, I CERTIFY AND AFFIRM THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_