

COVID Self-Assessment



Each player, coach, and volunteer must conduct this self assessment at home prior to any league sponsored or affiliated event. At the site a representative of your area must confirm this has been done and adhered to. The league must have a signed affidavit on file for each participant before being allowed to be part of any event.

Do you have:

1. Loss of smell or taste, or a change in taste?
2. Headache?
3. Fever, or fever-like symptoms such as alternating chills and sweating?
4. Cough?
5. Trouble breathing or shortness of breath?
6. Chills or repeated shaking with chills?
7. Muscle aches?
8. Sore throat?
9. Diarrhea?

If you answered yes to any of these, stay home.

Exposure to COVID-19 aka "Close Contact"

1. Have you been within six (6) feet for fifteen (15) minutes or more of someone who has been tested or is going to be tested for COVID-19?
 - a. You may return if you are symptom free for 72 hours following the close contact.
 - b. If you develop symptoms you must be tested and have negative test results.
 - i. If your test results are positive please see below.
2. Have you been in direct contact with the secretions (fluids from a sneeze or cough for example) of someone who has been tested or is scheduled to be tested for COVID-19 in the last 14 days?

If you answered yes to either of these questions, stay home.

Positive Test Result for COVID-19

If you tested positive for COVID-19, you cannot return to participation until:

1. You are symptom free for 72 hours without the use of fever reducing medications AND
2. Ten (10) days have passed since your symptoms first appeared.

If you meet this criteria, stay home.

Travel

Have you traveled to any country, state, or location where COVID-19 has sustained widespread community transmission in the last 14 days?

If you are unsure how to answer this question, please consult the CDC's website for guidance.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Agreement for Self-Assessment



By signing below I hereby certify that I have viewed and read the self-assessment information and will re-read and assess myself prior to each league sponsored or affiliated event.

I further certify that when I do each assessment all answers will be “No” before reporting to a league sponsored or affiliated event.

If any answers are “Yes”, I will stay home and inform my Coach or Area Commissioner. I will not return to league sponsored or affiliated events until I meet the criteria to do so.

If I have any questions I will contact my Area’s Commissioner or a league Board Member.

Signature: _____

Printed Name: _____

Date: _____