



Dilworth Little League is committed to safety during the COVID-19 pandemic. All players and staff must review this written questionnaire on each day when they attend any practice or game for the fall season.

If you answer “yes” to any of the questions below, please do not attend any activities, practice or games and contact your coach.

Do you, or does anyone in your immediate family, have a fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only)?
Yes ___ / No ___

Have you, or anyone in your immediate family:

o Had any of these symptoms since last time you were last here?
Yes ___ / No ___

o Been in contact with anyone with fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell (vomiting or diarrhea, children only) since the last time you were here?
Yes ___ / No ___

o Potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19?
Yes ___ / No ___

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking.

**Exposure is sharing a household or having close contact (within 6ft for at least 15 minutes) with anyone with COVID 19 or who has symptoms of COVID 19 for two days prior to onset of illness or two days before a positive test.