MJMBA - 2020 Season Sign-In Sheet

Division: _____ **Date:** _____

Team: _____ **Diamond:** _____

Coach / Volunteer	Question #1		Question #2		Question #3	
	Yes	No	Yes	No	Yes	No

Player	Parent / Spectator *(Please Print and Ensure Answers to Questions Apply to You as Well)*	Question #1		Question #2		Question #3	
		Yes	No	Yes	No	Yes	No

Questions:
#1 - Do you have **ANY** of the common COVID-19 symptoms: fever, cough, headaches, aches and pains, sore throat, chills, runny nose, loss of sense of taste or smell, shortness of breath or difficulty breathing?
#2 - Have you travelled internationally within the last 14 days?
#3 - Have you had any close contact with a confirmed or probable COVID-19 case, that you are aware of?