



## Health Self-Assessment Form

**All participants required to complete and deliver to manager on game day**

Player Name:

Division:

Team:

Have you experienced ANY of the following in the last 14 days (check box)?

Temperature of 100 degrees F or above, including today

Persistent Cough

Vomiting

Shortness of breath / Difficulty breathing

Unexpected muscle pain

Chills

Sore throat

Diarrhea

New loss of sense of taste or smell

A positive COVID-19 diagnosis in the past 14 days

Contact with anyone who tested positive with Covid-19

Health Care professional or public health official has recommended me to quarantine

### CONFIRMATION STATEMENT:

Any item checked off above makes me ineligible to participate in WVMBL events for 14 days or until I have been negatively tested for Covid-19.

I understand failure to disclose any items above would result in league suspension for the remainder of the 2020 season.

I further understand that I am required to wear a face covering/mask upon entering the facility and while not participating on the field of play.

Sign:

Date: