



**Team 360 Hawks Baseball COVID-19 screening questionnaire:**

1. Has your player had any history of fever in the last 14 days?

**Yes/No**

2. Has player had any respiratory illness such as cough or difficulty breathing in the last 14 days?

**Yes/No**

3. In the past 14 days, have you or any household member had any contact with a known COVID-19 patient?

**Yes/No**

4. Has your player or any household member traveled to an international area or any area of suspected community spread in the last 14 days?

**Yes/No**

**Signature**

**Date**

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