

**RECORDS MUST BE KEPT FOR 30 DAYS POST-SEASON.**

Forms to be filled out and managed by each team. Contact Safety Officer [safety@ndbaseball.com](mailto:safety@ndbaseball.com) for details

Player Name:		Date	Date	Date	Date	Date	Date	Date
	Are you feeling ill, or sick of any kind, or exhibiting any fever, cough, sore throat, or fatigue?							
	Have you been in contact of anyone with infected with Covid-19, or anyone whom suspects they have Covid-19							
	Who drove you to practice today							

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