

MLC - DAILY QUESTIONNAIRE

Please check your child daily for COVID-related symptoms. If your player is experiencing any COVID-19 symptoms, they should remain at home. Please contact your player's coach and MLC for further guidance.

Section A - If **TWO OR MORE** of the fields in this Section are checked off, please keep your player at home and notify MLC for further instructions.

- | | |
|---|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Rigors (shivers) | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Myalgia (muscle aches) | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Congestion or runny nose |

Section B - If **AT LEAST ONE** field in this Section is checked off, please keep your player home and notify MLC for further instructions.

- | | |
|---|---|
| <input type="checkbox"/> Fever (100.4 or greater) | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> New loss of smell |
| <input type="checkbox"/> Vomiting | |

If ANY of the fields in the 'Close Contact/Potential Exposure' section are checked off, your player should remain home. Please notify MLC.

- Your child has had close contact (within 6 ft of an infected person, 15 mins or more of cumulative exposure in a 24 hr period) with a person with confirmed COVID-19
- Someone in your household is diagnosed with COVID-19
- Someone in your household is waiting for a COVID-19 test result

If your player checks no symptoms in sections A or B or has not had close contact or personal exposure, please sign below indicating your player is eligible to attend the session based on the MLC COVID policy.

Player Name and Team _____

Player Parent and Date _____

Signature _____