

COVID-19 Self-Certification Questionnaire

Please follow this questionnaire and self-certify yourself and your child before every practice and game. If you can answer **“YES”** to any of the symptoms listed below, DO NOT attend any practice or games. You must notify Joe Belcaster immediately at 708-516-0382 (this number is only for covid-19 related emergencies) and contact your physician.

Has your child or anyone in the household:

1. Been in close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with covid-19 in the last 14 days?
2. Been advised to stay home/quarantine by the health department/Health Provider?
3. Have tested positive for COVID-19?
4. Have tested for COVID-19 within the past 14 days and results are pending?
5. Does your child or anyone in the household have any of these symptoms?
 - Fever (100° F. or higher) or chills
 - New onset of moderate to severe headache
 - Shortness of breath
 - New cough
 - Sore throat
 - Vomiting
 - Diarrhea
 - Abdominal pain from unknown cause
 - New congestion/runny nose
 - New loss of taste and or smell
 - Nausea
 - Fatigue from unknown cause
 - Muscle or body aches
6. Has your child or anyone in the house hold traveled internationally in the last 7 days?

For additional information concerning Covid-19 visit www.dph.illinois.gov

Covid-19 Mandatory Baseball Rules & Guidelines along with Covid-19 Self-Certification Questionnaire can be found on www.berwynrecreation.com