**Clackamas LL Health Screening and Participation Tracking Form**

In order to participate in activities at Clackamas Little League, we require that every user group/team complete this tracking form for practices and games. Please complete this form in its entirety. Once completed, please turn your form into CLL Safety & President at weeks end. You may set up this sheet electronically as well (Google Sheets), if you’d like to track that way and send the link. safety@clackamaslittleleage.org, president@clackamaslittleleague.org.

|  |  |
| --- | --- |
| **Team and Coach Name:** |  |
| **Date:** |  |
| **Time of use (Ex. 5 – 7 pm)** |  |
| **Assigned Field Location:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name** (Please include names of each team member, coaching staff, volunteer, and/or umpire in attendance). | **Health Questions Asked** | **Temp Taken** | **Attended this Practice or Game** |
| Ex: Jane Smith | X | X | X |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Required Health Questions and Temperature Check:**

* Please ask all participants if they have any of the following symptoms:
	+ 1) cough, 2) sore throat, 3) fever, 4) if they are having any difficulty breathing, 5) have a headache, 6) are nauseous or have vomited in the last 24 hours, 7) have diarrhea, 8) have any new loss of taste or smell.
* Please take the temperature of each participant.

If the participant answers yes to any of the above questions and/or has a temperature, please follow your organizations COVID-19 protocol.

**If a participant was dropped-off/picked-up by anyone other than an immediate family member, please complete the following information below**:

|  |  |  |
| --- | --- | --- |
| **Participant Name** | **Name of Participant drop-off/pick-up** | **Phone number of drop-off/pick-up person** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |