COVID-19 Screening Questions for 2022 MLL Season

Do you have or have you had any of these symptoms in the last 24 hours

* Fever
* Cough
* Shortness of Breath
* Chills
* Runny Nose
* Head/body aches
* Sore Throat
* Nausea. Vomiting
* Sudden Loss of taste and smell
* Diarrhea
* Any other sickness symptoms
* Have you been tested for COVID-19 recently?
* Have you been exposed to anyone with COVID in the last 10 days?