

MICH-CA USA COVID19 Screening

 Q1. Do you have any of the following symptoms? If yes, select all symptoms (check box). Fever • 100.4° F [38.0° C] or greater, have signs of a fever, and any other symptoms for at least 24 hours, without the of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Shortness of breath (not severe) Cough Chills Repeated shaking with chills Muscle pain Headache Sore throat New loss of taste or smell 	e use
Q2. Did you travel domestically or internationally in the last 14 days?	
YES or NO	
Q3. Did you had exposure to people who have tested positive? (exposed without PPE)	
YES or NO	
Q4. Have you been tested positive for COVID19 in the past 21 days?	
YES or NO	
Q5. If tested positive, have you been isolated for 14+ without signs or free of symptoms?	
YES or NO	
Disclaimer: I agree that all players have reviewed and responded to all the questions. If any player	
develops symptoms or tested positive for COVID19, I will notify the COVID19 Response Group.	
(Sign)	
Name: Date:	

Club/Team:

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Where cricket has no boundaries ... www.mich-ca.org TEAM DECLARATION SHEET FOR Mich-CA

Mich-CA Premier League (MPL)

Date & Time: [AM PM]		Ground:	
Team Name:		Captain Sign:	
No.	Player Full Name (first & last)	Signature Required (Player reviewed COVID19 Screening questionnaires and answered NO to Q1-Q4. Identify exceptions in the box below for each player).	
1.	(C)		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Max: 3 Substitutes (Declaring a player as substitutes will not qualify him for playoffs)

13.	
14.	
15.	