

Minor League Baseball’s 2022 COVID-19 Health & Safety Protocols (“Protocols”)

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SECTION 1 – INTRODUCTION

1.1 Introduction

These 2022 Health & Safety Protocols (“Protocols”) represent Major League Baseball’s best efforts to integrate the advice of our medical experts, as well as our collective experience from operating a Minor League season amidst a global pandemic during 2021, in order to create a comprehensive set of requirements and guidelines to protect the health and safety of players, umpires, Club employees, and all other members participating in the Minor Leagues in 2022 to the greatest extent practicable, while taking into account the unique challenges present in the Minor Leagues.

Minor League Baseball’s COVID-19 Protocols for the 2022 season are based on the same overarching principles as Major League Baseball’s Protocols. As comprehensive as these Protocols are, they do not address every aspect of Minor League operations for the 2022 season. As was the case during the 2021 Minor League season, Major League Baseball may issue subsequent amendments, updates, or relaxations to these Health & Safety Protocols. Such amendments will be based on, among other things, experience under these Protocols; relevant guidance from public health officials and recognized medical experts; material change in circumstances (*e.g.*, the emergence of a COVID-19 variant) such that it poses an unreasonable health and safety risk to players or staff to continue to stage those games without such additional measures; emerging technologies relating to the diagnosis, containment, and treatment of COVID-19 (including vaccinations); the physical and mental wellbeing of all persons subject to these Protocols; best practices and experience from the Major League season and other professional sports leagues; and other relevant data and information.

Where these Health & Safety Protocols differ from the PDL Operating Guidelines, these Protocols shall govern.

SECTION 2 – MEDICAL & TESTING PROTOCOLS

2.1 COVID-19 Health Monitoring & Testing Plan

2.1.1 Covered Individuals

The following Health Monitoring and Testing Plan (hereinafter, the “Monitoring and Testing Plan”) shall apply to all Minor League players, other on-field personnel and MLB Club personnel (*e.g.*, managers, coaches, rovers, *etc.*), and a limited number of essential PDL Club and MLB staff who must come in close proximity to players and other staff members at the MLB Club’s discretion (referred to collectively herein as “Covered Individuals”). MLB Clubs and PDL Clubs must collaborate on defining such essential staff prior to the start of the championship season.

2.1.2 Vaccination & Exempt Individuals

COVID-19 vaccines remain a critical component in the parties’ efforts to promote and protect the health and safety of all Covered Individuals who are subject to these Protocols, as well as the health and welfare of their families, household members, and the public at large. MLB will strongly and actively encourage all players to undergo and remain “up to date” with their COVID-19 vaccinations (including boosters or additional doses when eligible).

All Minor League on-field staff (*e.g.*, coaches and managers) and all staff with job functions requiring in-person contact with any players must be “up to date” with their COVID-19 vaccines in order to access Restricted Areas and to have in-person contact with players. To be clear, this policy applies to all non-playing staff, regardless of role or title, if they wish to access Restricted Areas or have any in-person contact with players (including, but not limited to, clubhouse staff and bat persons). Due to the close proximity inherent in shared living arrangements, all vaccine-eligible members of a host family are also required to be “up to date” with their COVID-19 vaccinations in order to host players. MLB Clubs may reach out to Lindsey Ingraham at lindsey.ingraham@mlb.com or Sabrina Warren at sabrina.warren@mlb.com with questions, or in the event they have concerns regarding securing housing due to the vaccination requirements for host families.

Any staff member seeking an exemption to this vaccination requirement must direct that exemption request to the staff member’s Club, and the Club must decide whether an exemption may be provided in accordance with applicable law. Only bona fide religious and medical exemption requests may be considered by Clubs, unless state law requires otherwise (*e.g.*, Florida, Texas). In making any exemption determination, Clubs should carefully consider that unvaccinated individuals having access to Restricted Areas and/or in-person contact with players could threaten the Club’s ability to successfully stage baseball games. In addition, all testing costs (*e.g.*, monitoring, intake prior to accessing Club facilities, *etc.*) for any individual who is granted an exemption to the vaccination requirement will be at the Club’s expense. MLB Clubs may direct any questions about state laws that may impact vaccination requirements to Mehtab Brar at mehtab.brar@mlb.com or Vanish Grover at vanish.grover@mlb.com.

Notwithstanding the foregoing, as of a Club's official Minor League Spring Training report date, any staff member who is unvaccinated can only retain access to Restricted Areas if the staff member has already received one dose of one of the mRNA vaccines (Pfizer-BioNTech or Moderna) and has a second dose scheduled. Any staff who is no longer "up to date," by virtue of failure to receive the second dose or by failure to receive a booster dose when becoming eligible for one, should lose access to Restricted Areas, unless an exemption is granted by the Club in accordance with applicable law.

In addition, as of Opening Day of the 2022 championship season, any PDL staff member identified as a Covered Individual who is unvaccinated can only retain access to Restricted Areas if the staff member has already received one dose of one of the mRNA vaccines (Pfizer-BioNTech or Moderna) and has a second dose scheduled. Any PDL Covered Individual who is no longer "up to date," by virtue of failure to receive the second dose or by failure to receive a booster dose when becoming eligible for one, should lose access to Restricted Areas, unless an exemption is granted by the Club in accordance with applicable law.

For the purposes of these Protocols, a player will be considered "vaccinated" where he or she has (i) received a second dose of the FDA-approved Pfizer or Moderna vaccines to complete their primary series, or a first Johnson & Johnson dose to complete their primary series. MLB strongly recommends that all players receive any additional dose(s) or "booster(s)" for which they are eligible under the FDA and CDC guidance in effect at the time. All non-playing Covered Individuals will be considered "vaccinated" where he or she has (i) received a second dose of the FDA-approved Pfizer or Moderna vaccines to complete their primary series, or a first Johnson & Johnson dose to complete their primary series; and (ii) received any additional dose(s) or "booster(s)" for which he or she is eligible under the FDA and CDC guidance in effect at the time. For the avoidance of doubt, any non-playing Covered Individual who completed his or her primary vaccination series outside of the recommended maximum period (currently, six months for Pfizer/Moderna or two months for Johnson & Johnson) must receive an FDA-authorized additional or "booster" dose in order to be considered "vaccinated" or "up to date" with their vaccinations.

In addition, a Covered Individual will also be considered "vaccinated" where he or she is two weeks past a single mRNA "booster" after the second dose of any other vaccine listed for emergency use by WHO (*i.e.*, two doses of Sinovac, Coronavac or AstraZeneca, plus a dose of Pfizer/Moderna). However, in such scenario (*i.e.*, primary vaccination series was not Pfizer, Moderna, or Johnson & Johnson), the individual must receive a second mRNA "booster" dose as soon as five months have elapsed from the date of his or her first mRNA "booster" in order to be considered "vaccinated" or "up to date" with their vaccinations.

Therefore, this will be a rolling standard under which it is possible for the non-playing Covered Individual who was considered vaccinated at one point during the 2022 season to lose his or her "vaccinated" status (and thus be considered "unvaccinated" for the purposes of these Protocols) for failing to receive a timely "booster" shot after becoming eligible for one under FDA guidance in effect at that time. Club medical staffs are required to work with Covered Individuals to facilitate efforts to become "up to date" with their vaccinations.

A Covered Individual who (i) is currently vaccinated (based on the definitions above); or (ii) is a player and has tested positive for COVID-19 on an MLB-administered PCR test conducted by

SMRTL within the past 3 months, will be considered an “Exempt Individual” for purposes of the Monitoring and Testing Plan.

MLB will continue to consult with medical experts in the areas of infectious disease, virology, and immunology to develop educational programming relating to the importance and safety of COVID-19 vaccination (including staying “up to date” by receiving additional doses or “boosters” when eligible). Players will be presented with the COVID-19 vaccination educational programming developed by the parties (*see* Section 7.1). MLB Health and Safety Programs will serve as a resource for questions and inquiries from players on any aspect of COVID-19 vaccinations and will engage in other efforts to promote and encourage vaccinations throughout the 2022 season.

2.1.3 Overview of the Monitoring and Testing Plan

All Covered Individuals will be subject to the Monitoring and Testing Plan prior to and during any period in which they have access to Restricted Areas in Club facilities. The Monitoring and Testing Plan has four components: (i) Intake Screening; (ii) Health Monitoring of Asymptomatic Individuals; (iii) Daily Health Screen; and (iv) Expedited Testing for Symptomatic Individuals.

In order to participate in the 2022 season, all Covered Individuals must sign the Authorization for the Use and/or Disclosure of COVID-19 Health Information form that, among other things, authorizes access to certain private health information by the individuals and entities that will be involved with the Monitoring and Testing Plan, including:

- PCR Testing: The Sports Medicine Research and Testing Laboratory (“SMRTL”) will conduct real-time polymerase chain reaction (“PCR”) testing of saliva samples collected from Covered Individuals for the COVID-19 virus. Although the vast majority of PCR tests will be run on saliva samples, there may be instances in which other testing laboratories approved by MLB Health and Safety Programs that conduct testing via nasal swabs may be used to test a limited number of samples when additional capacity or expedited processing is necessary.
- Saliva Sample Collections: Each Club will be responsible for collecting, registering, and shipping saliva samples for its Covered Individuals. Clubs may (but are not required to) retain Comprehensive Drug Testing, Inc. (“CDT”), Drug Free Sport (“DFS”) or another comparable sample collection service provider to collect and ship samples collected from Covered Individuals, if they choose.
- Rapid Diagnostic Testing: All MLB Clubs should send five rapid Cue Health devices and a sufficient number of test kits to each affiliate. Use of Cue Health devices should be limited to testing (i) symptomatic individuals, (ii) identified close contacts, or (iii) unvaccinated players upon assignment to a new level or Club (*e.g.*, Minor League trade, transfer, etc.). In the event Clubs need additional Cue tests beyond the initial allotment, tests can be purchased through the Commissioner’s Office. Accula will also be available at the Minor League Spring Training facilities.
- Antibody Test Provider: Blood samples (venous blood) may also be collected for purposes of serology or antibody testing.

- Select Club and MLB Representatives: As described throughout this Monitoring and Testing Plan, Team Physicians or MLB Physicians will be available to Covered Individuals for consultation during the testing process and to review, report, and respond to the test results reported by SMRTL, other laboratories, and rapid testing providers.

Key Components of the Monitoring and Testing Plan

Intake Screening

Upon arriving at Spring Training and before entering a Restricted Area, all Covered Individuals must undergo Intake Screening, which will be conducted and supervised by a combination of one or more representatives from the Club's medical staff and/or outside collectors retained by the Club. Covered Individuals who are not present at Spring Training (*e.g.*, PDL Club employees) must also conduct the Intake Screening procedures outlined in this section before entering any Restricted Areas in Club facilities. PDL Clubs should only designate a reasonable number of staff as Covered Individuals, including but not limited to the General Manager, Assistant General Manager, Communications Director, Head Groundskeeper, and clubhouse staff.

Prior to entering any Restricted Area, each Covered Individual must:

- (1) Complete a Health Screen Check (*see* below);
- (2) Complete a medical history questionnaire (*see* Attachment 2);
 - a. All completed forms should be submitted to Jon Coyles (Jon.Coyles@mlb.com) and Lindsey Ingraham (Lindsey.Ingraham@mlb.com), and uploaded to the Covered Individual's electronic medical records system ("EMR") file as part of the pre-participation exam. In addition, a Diagnostic/Medical Service form must also be created promptly in the EMR for all COVID-19 vaccinations and a copy of an official COVID-19 vaccination record card or certificate must be uploaded to the EMR under the appropriate Diagnostic/Medical Service form. Clubs must ensure that the form accurately reflects the information documented on the vaccination record card or certificate (*e.g.*, vaccination dose type, date, manufacturer, lot number, etc.). For the avoidance of doubt, only players are required to have EMR files. Staff members who currently have EMR files should have the requisite documentation uploaded to such files, however it is up to MLB Club discretion as to whom should have EMR files. Any Covered Individual who does not have an EMR file must have their documentation sent to Jon Coyles and Lindsey Ingraham in place of the EMR upload.
- (3) Test negative for COVID-19 on a Rapid Diagnostic Test administered on-site.
 - a. MLB will be covering the costs of intake screening for Covered Individuals. Any COVID-19 testing that occurs prior to the designated report date that your Club provided to MLB (*e.g.*, testing associated with mini-camps) will be the responsibility of the Club. Regardless of whether an individual has undergone previous testing associated with a mini-camp, they must still undergo a Rapid

Diagnostic Test as part of Intake Screening for Spring Training. For the purposes of disclosure of COVID-19 testing information, all Covered Individuals must complete a HIPAA form (*see* Attachment 3) upon Intake Screening, including PDL Club employees who require access to Restricted Areas or in-person contact with players.

Covered Individuals may also be subject to antibody testing depending on the information provided on the symptom check and/or the results of the laboratory PCR test. Covered Individuals who participated in Major League Spring Training (and who therefore have already undergone Intake Screening) will not be required to conduct Intake Screening a second time.

Following a Covered Individual's completion of Intake Screening, he or she will be permitted to enter Club facilities provided the individual is asymptomatic. If, however, the Covered Individual does not pass the health screen or the result of his or her Rapid Diagnostic Test is positive, the Covered Individual will be instructed to self-isolate and will be treated consistent with the protocol for positive test results described in Section 2.3 below.

Health Monitoring of Asymptomatic Non-Exempt Individuals

Beginning immediately after the Intake Screening process is complete, and continuing throughout the remainder of Spring Training, the 2022 championship season and postseason, all Covered Individuals who are asymptomatic will not be subject to monitoring testing. However, as explained in greater detail in Section 2.2 below, any Covered Individual who reports or displays symptoms consistent with COVID-19 will immediately be subject to rapid testing and confirmatory saliva PCR testing.

All saliva samples must be registered in ShareMy.Health (SMH) and shipped to the SMRTL laboratory. Any saliva samples that arrive at the SMRTL lab without the proper registration in place will not be analyzed. In addition, Clubs may choose to conduct additional Rapid Diagnostic Testing of Covered Individuals in their organizations prior to admitting those individuals into Restricted Areas of their facilities. At any time, if a Covered Individual has a reasonable concern (*e.g.*, the individual believes he or she may be a close contact) and requests a Rapid Diagnostic Test or saliva PCR test, Clubs will arrange for or provide such test for that Covered Individual. Any questions on SMRTL can be directed to MLB Health & Safety Programs (attention: Lindsey Ingraham).

Any positive test result for a Covered Individual – laboratory PCR, Rapid Diagnostic or otherwise – will be immediately reported by SMRTL **or the Club (as applicable)** to MLB Health & Safety Programs. For positive PCR test results reported by SMRTL, an MLB representative will, in turn, immediately inform the medical staff of the Covered Individual's Club, who will be responsible for informing the Covered Individual. All negative PCR results will be reported by SMRTL and logged in MLB's confidential EMR by the Club's medical staff.

Daily Health Screen

Each Club is responsible for implementing and administering the Daily Health Screen described below for the Covered Individuals affiliated with its organization.

The Daily Health Screen must be developed and administered in a manner sufficient to ascertain whether any Covered Individuals are experiencing symptoms consistent with a COVID-19 infection prior to permitting those Covered Individuals access to Restricted Areas. Each Club will be given discretion in how to conduct the Daily Health Screen (including whether or not to conduct the screen at Club facilities, whether to use the MLB-provided mobile application, whether and how to use thermometers, *etc.*). A model Daily Health Screen template, which includes a sample questionnaire, is provided as Attachment 1 for reference.

Any Covered Individual experiencing a fever or other symptoms that require additional screening must immediately report the results to his or her Club's medical staff and the Covered Individual must follow the protocols for symptomatic individuals (*see* Section 2.2).

2.2 Protocol for Symptomatic Covered Individuals

2.2.1 Symptom Identification

Any Covered Individual (including Exempt Individuals) who either reports or exhibits any potential symptoms of COVID-19 may not enter a Club facility, but instead must immediately self-quarantine away from other Covered Individuals and be directed to a Team Physician for further consultation and direction. If a Covered Individual develops symptoms for the first time while inside a Club facility, that individual must immediately quarantine himself or herself from others and contact a Team Physician. Clubs should provide a space for Covered Individuals to isolate when directed to. Symptomatic individuals should also be immediately provided with and wear a N95/KN95 respirator¹ until they are safely quarantined and away from the facility. Any Covered Individual who fails to report symptoms and enters a Club facility while symptomatic in violation of the quarantine requirements described herein may be subject to discipline.

2.2.2 Testing and Monitoring of Symptomatic Individuals

Once the symptomatic Covered Individual is safely isolated away from other Covered Individuals, the symptomatic individual's Club should immediately arrange for that individual to undergo a Rapid Diagnostic Test for COVID-19. Pending the results of that Rapid Diagnostic Test, the symptomatic individual must self-isolate either at home or another location away from the ballpark, as determined by the Team Physician, based on the nature of the individual's symptoms. After the Rapid Diagnostic Test is conducted, the Covered Individual must also provide an additional saliva sample for confirmatory diagnostic PCR testing at SMRTL (the "Confirmatory Test"). During the period that the Confirmatory Test results are pending, the symptomatic individual must be monitored by a Team Physician and wear a mask while around others. Symptomatic individuals must avoid any direct, in-person contact with any other Covered Individuals or other Club staff (other than Club medical staff), and may not enter any Club facility for any reason.²

¹ All references to an N95/KN95 respirator in this document shall also include any comparable respirator such as KF94.

² If a Covered Individual continues to exhibit a symptom that his or her Team Physician believes is not associated with COVID-19 based on the individual's testing history (*i.e.*, COVID-19 testing beyond the Rapid Diagnostic Test

Subject to any additional restrictions imposed by federal, state or local law or ordinance, the symptomatic individual may not return to any Club facility or interact with any other Covered Individuals or other Club staff (other than medical staff) unless and until each of the following has occurred: (i) the results of a PCR test performed by SMRTL on a sample provided by the symptomatic individual since experiencing symptoms are confirmed as negative for COVID-19; (ii) the Covered Individual's symptoms are resolved or improved (as confirmed and documented by a physician); and (iii) the symptomatic individual receives approval to return to Club facilities from his or her Team Physician and MLB Health & Safety Programs. If the result of the PCR test of the symptomatic individual is reported as positive for COVID-19, the protocols set forth below in Section 2.3 regarding individuals who test positive for COVID-19 must be followed.

2.3 Protocol for Covered Individuals Who Test Positive for COVID-19

2.3.1 Self-Isolation

Any Covered Individual who tests positive for COVID-19 must immediately wear an N95/KN95 respirator (and where not available, a surgical mask), isolate from all people (other than medical professionals, as necessary), and continue his or her isolation period until he or she receives clearance from his or her Team Physician and MLB Health & Safety Programs.

Under no circumstances may any Covered Individual violate an instruction to quarantine or isolate. Covered Individuals who have been ordered to quarantine or isolate on the road may not leave their hotel rooms under any circumstance. Each PDL Club must have someone who is available in person or by phone to assist with coordinating food delivery and other necessary items to the quarantined or isolated person's room, and should be prepared to assist (*e.g.*, extending the hotel reservation) in the event a Covered Individual is directed to isolate beyond the duration of a series. A Club official who fails to check with MLB Health & Safety Programs (attention: Dr. Bryan Smith) before allowing a person to end his or her quarantine or isolation is subject to discipline. Any staff member or player who violates an instruction to quarantine or self-isolate, and any Club official who fails to receive the appropriate approval from MLB Health & Safety Programs (attention: Dr. Bryan Smith) before allowing a person to end his or her quarantine or isolation, will be subject to discipline.

2.3.2 Care and Monitoring

While in isolation following a positive test for COVID-19, a Covered Individual must be in regular communication with and receive remote care from Club medical staff, who will remotely monitor symptoms (including using increasing severity or progressing of symptoms as a trigger to escalate care) and arrange for any follow-up testing (at a frequency determined by the Team Physician in consultation with MLB Health & Safety Programs).

and/or Confirmatory Testing) and other medical information, MLB Health & Safety Programs may approve clearance of the individual upon an analysis of the circumstances and test results, provided that all other requirements for clearance are satisfied. Covered Individuals exhibiting symptoms consistent with COVID-19 may not enter Restricted Areas unless and until such clearance is provided and will be required to wear a N95/KN95 mask at all times until symptoms resolve.

A Covered Individual who tests positive for COVID-19 must isolate (*e.g.*, no travel (except as authorized by Club medical staff and MLB Health & Safety Programs), not access any Club facility, and have no contact with any other Covered Individual or other Club staff (other than medical staff for purposes of any necessary treatment)) for ten (10) days, beginning with the earlier of the date *after* the Covered Individual reported being symptomatic to the Club medical staff³ or the Covered Individual's initial positive test result specimen was collected (*i.e.*, the date of the symptom onset or positive test specimen collection is "day zero" and the following day is "day one"). Notwithstanding the foregoing, a Covered Individual who tests positive for COVID-19 may exit isolation before the end of the ten (10) days if (and only if): (i) the Covered Individual has been afebrile for at least 24 hours without fever-reducing medications; (ii) any other symptoms are improving (as documented by a Team Physician or Club medical staff); (iii) the Covered Individual submits two negative PCR tests or two positive PCR tests with a CT-value above 30;⁴ (iv) the Covered Individual's Team Physician and MLB Health & Safety Programs both conclude that the individual no longer presents a risk of infection to others and approves (in writing) him or her to return to Club facilities and resume his or her usual professional responsibilities; and (v) for those Covered Individuals who had severe symptoms, or any cardiopulmonary symptoms, they receive a cardiac evaluation (a minimum of a 12-lead ECG, 2-D ECHO and cardiac troponin (high-sensitive cardiac troponin preferred)) in accordance with published standards from the American College of Cardiology.⁵

2.3.3 Contact Tracing & Additional Measures to Reduce the Risk of Transmission

In the event of a confirmed positive test for COVID-19 by a Covered Individual within its organization, the Major League Club, in coordination with MLB and local health officials (where applicable), must: (i) conduct a contact tracing investigation to identify all other Club- and Major- or Minor-League-affiliated individuals (including umpires and employees of other Clubs) who had close contact with the infected individual, while employing best efforts to maintain the confidentiality of the infected individual; (ii) notify those individuals of their potential exposure and, to the extent applicable, any need to quarantine in accordance with the protocols in Section 2.3.4; and (iii) arrange for those individuals to receive a Rapid Diagnostic Test and a confirmatory PCR test.

Each Club must designate one employee per affiliate as a "Contact Tracing Officer." The Contact Tracing Officer will be responsible for overseeing the Club's contact tracing processes and serve as the primary point of contact regarding contact tracing for the Commissioner's Office and other Clubs.

Each Major League Club must establish a Contact Tracing Working Group, consisting of: (i) a medical professional with experience in infectious disease; (ii) a Team Physician; (iii) the Contact

³ Covered Individuals who fail to report symptoms to the Club medical staff at the time of symptom onset will be treated as becoming symptomatic on the date of their initial positive test result, though their contact tracing window should begin 48 hours before symptom onset.

⁴ Vaccinated Covered Individuals may submit a follow-up PCR sample on Day 3 or later.

⁵ Covered Individuals who are asymptomatic or only experienced mild symptoms are not required to undergo a cardiac evaluation prior to clearance.

Tracing Officer; and (iv) Contact Tracers. The Contact Tracing Working Group will be responsible for identifying the close contacts and reporting them to the Commissioner's Office.

The following criteria should be addressed in identifying close contacts:

- The amount of time a Covered Individual spent with an infected individual while such individual potentially was infectious.
- The location(s) of the interaction(s), including whether the interaction(s) occurred indoors or outdoors.
- For interactions that occur indoors, the ventilation of the applicable setting.
- The amount of distance between the Covered Individual and the infected individual during the interaction(s).
- Whether the infected individual had symptoms during any interaction(s).
- Whether the infected person was likely to generate respiratory aerosols, including whether the individual was coughing, singing, or shouting.
- Whether and how face masks were worn, including the type of mask(s), whether the mask(s) were properly worn, and any mask removal to eat or drink.
- Whether the Covered Individual is considered "up to date" with his or her vaccinations or previously tested positive for COVID-19, as well as the time period that has passed since any such positive test or vaccination.
- Other circumstances deemed relevant by any updated CDC guidance and the affiliate's Contact Tracing Working Group.

The risk assessment must clearly identify whether an identified Covered Individual does or does not qualify as a close contact. The MLB Club must notify the Commissioner's Office (attention: MinorsCOVID@mlb.com) of all close contacts as soon as possible, but no later than five hours before the scheduled start time of its next game (or by 7:00 p.m. Eastern Time if the Club does not play that day). If contact tracing is still ongoing at that time, the MLB Club must notify MinorsCOVID@mlb.com of any close or extra scrutiny contacts already identified and describe which aspects of the contact tracing process remain to be completed.

Each Club must arrange to have relevant personnel (including, but not limited to, their Contact Tracing Officer, Contact Tracers, and members of the affiliate medical staff) complete an MLB-approved contact tracing training course prior to the start of the 2022 Minor League season, unless those individuals completed an approved training course in 2020 or 2021.

If a Covered Individual is identified as a close contact of an infected person who is unaffiliated with Minor League Baseball or a Club, that Covered Individual is still subject to the same close contact procedures outlined, as if he or she had been identified by someone within baseball.

Any questions regarding contact tracing protocols can be directed to Mehtab Brar at mehtab.brar@mlb.com or Moira Weinberg at moira.weinberg@mlb.com.

2.3.4 Close Contacts of Individuals Who Test Positive for COVID-19

Subject to the guidance of the Team Physician, any unvaccinated Covered Individual who has been identified as a close contact of a confirmed case of COVID-19 (pursuant to the analysis in Section 2.3.3), will be subject to a mandatory quarantine of **five (5) days**, and must satisfy the below conditions in order to return to any Club facilities:

- The individual tests negative for the presence of the virus via a Rapid Diagnostic Test conducted on day 5 following the close contact;
- Beginning on the first day after an individual is identified as a close contact, such individual must test negative on a saliva PCR test every day on days 5 through 7;
- The individual must undergo enhanced symptom monitoring under the direction of the Club's medical staff for at least ten (10) days following the potential exposure;
- The individual is completely asymptomatic;
- The individual continues to wear a surgical mask or a N95/KN95 respirator at all times (including while outside of Club facilities), except while on the field, for ten (10) days following the potential exposure; and
- The individual must immediately quarantine under the direction of the Team Physician if he or she develops any symptoms consistent with COVID-19.

Notwithstanding the above, Covered Individuals who are unvaccinated but have tested positive for COVID-19 on a laboratory PCR test within the past 3 months that has been authenticated and approved by MLB Health & Safety Programs will not be required to quarantine following close contact with a confirmed case of COVID-19 unless they develop symptoms associated with COVID-19.

Any vaccinated Covered Individual who has been identified as a close contact will not be required to quarantine, but must test negative via a Rapid Diagnostic Test on day 3, 5, and 7 following the close contact, remain completely asymptomatic, and should wear a surgical mask or a N95/KN95 respirator at all times while in Club facilities until the day 7 test is reported.

Covered Individuals who are not determined to be close contacts but still had some significant interaction with the infected individual ("Extra Scrutiny Contacts") may be permitted to continue

to perform their duties (including entering Club facilities), provided that each of the following conditions is satisfied:

- The individual must test negative for the presence of the virus via a Rapid Diagnostic Test.
- The individual must be and remain completely asymptomatic.
- The individual must undergo enhanced symptom monitoring under the direction of the Club’s medical staff for at least seven (7) days following the potential exposure.
- The individual must wear a surgical mask or a N95/KN95 respirator at all times (including while outside of any Club facilities), except while on the field, for seven (7) days.
- The individual must receive a Rapid Diagnostic Test on Day 5 following the potential exposure.
- The individual must immediately quarantine under the direction of the Team Physician if he or she develops any symptoms consistent with COVID-19.

2.4 High-Risk Individuals

COVID-19 can cause symptoms ranging from mild to very severe. According to the CDC, some individuals may be more likely to suffer severe illness as a result of COVID-19 than others due to the presence of certain characteristics or pre-existing medical conditions. It is the responsibility of each Team Physician to identify any Covered Individuals with his or her organization who, by virtue of their age and/or medical history, are at materially higher risk of developing severe illness or complications from COVID-19 exposure (“High-Risk Individuals”). Once identified, the Team Physician should discuss confidentially with each High-Risk Individual what additional precautions or measures, if any, may be feasible and appropriate to help further protect that High-Risk Individual from potential exposure to COVID-19 and mitigate the risks in the event the High-Risk Individual becomes infected with COVID-19.

2.5 Code of Conduct Outside of Club Facilities

Each Major League Club may create their own Club-specific off-field Code of Conduct for Covered Individuals. Any such Club-specific Codes of Conduct must be provided to MLB Health & Safety Programs for approval (whose consent will not be unreasonably withheld).

2.6 Face Coverings

Covered Individuals must wear a Club-approved face covering (*e.g.*, N95, KN95 or KF94 respirator if available) at all times when inside a Club facility located in (i) a jurisdiction where it is required by law or regulation, and/or (ii) a county where the CDC Community Levels⁶ are

⁶ The CDC Community Levels site should be consulted in determining when masks should be worn. <https://www.cdc.gov/>.

designated as “High.” Approved face coverings must be worn properly and fully cover the mouth and nose. Cloth masks, gaiters, bandanas, masks with exhalation valves, and face shields may not be approved as appropriate face coverings.

Covered Individuals are not required to wear face coverings while on the field or in the dugouts and bullpen. For clarity, indoor hitting tunnels, clubhouses, weight rooms, and other indoor areas are **not** considered to be on the field, and therefore Covered Individuals must wear approved face coverings when in those areas if required by applicable laws or regulations in that jurisdiction or if in a county where the CDC Community Levels are designated as “High”. If weight room equipment is relocated outdoors or a weight room is converted into an open-air workout area (*e.g.*, a convertible weight room located at a Spring Training facility), that will be considered activity on the field for purposes of the face covering requirements.

If a player or other on-field staff member chooses to wear a face covering while in the dugout, bullpen or on the field during games or practices (which he or she is free to do), that face covering must be approved by the individual’s Club, and it cannot contain any undue commercialization pursuant to Official Baseball Rule 3.09. PDL Club and their respective MLB Club affiliate logos are permissible.

While Covered Individuals normally are not required to wear face coverings in Club facilities unless required by applicable law or regulations in that jurisdiction or if in a county where the CDC Community Levels are designated as “High”, if three or more players on a Club test positive for COVID-19 in any five-day span, all Covered Individuals with that Club (regardless of their vaccination status) must wear a Club-approved face covering at all times (i) while in Club facilities (except the playing field, bullpen, dugout, and when walking in tunnels to or from the dugout and bullpen) and (ii) while traveling with the Club, until the Club goes five (5) consecutive days without a new positive test for COVID-19 amongst its Covered Individuals.

Covered Individuals who violate the face covering requirements will be subject to discipline by MLB or their Club.

For clarity, the following actions shall not be considered a face covering violation:

- Removing or pulling down a face covering at the direction of the Club’s athletic training or medical staff;
- Removing or pulling down a face covering in order to briefly eat or drink;
- A brief delay before putting on a face covering before entering or after exiting the shower;
- A brief delay to attend to grooming and hygiene issues (*e.g.*, brushing teeth, shaving, putting in contact lenses, etc.); and
- Inadvertent wearing of a face covering in an improper fashion that is promptly corrected upon notification by compliance personnel.

All information regarding vaccination statuses will be kept highly confidential, will be provided to compliance personnel solely for the purpose of policy enforcement, and will not be used or disclosed for any other purpose.

SECTION 3 – FACILITY PROTOCOLS

3.1 Access to Club Facilities

3.1.1 Restricted Areas

Access to areas of Club facilities frequented by players and other on-field personnel, including clubhouses, locker rooms, training rooms, weight rooms, dugouts, and bullpens (“Restricted Areas”) must be tightly controlled by Clubs. When players are present, access to Restricted Areas should be limited to Covered Individuals (*see* Section 2.1.2), and credentialed members of the media who are “up to date” with their COVID-19 vaccinations. Limited exceptions may be made in the Club’s discretion to provide access to others, provided they are “up to date” with their vaccinations. Clubs are responsible for confirming vaccination documentation for all non-Covered Individuals (*i.e.*, credentialed members of the media or the aforementioned limited exceptions) prior to permitting access to Restricted Areas.

Clubs may, in their discretion, limit access to Restricted Areas to certain categories of Covered Individuals and/or at certain times to prevent overcrowding. Covered Individuals on one Club are prohibited from entering Restricted Areas reserved for the opposing team (*e.g.*, players on the home team should not enter the visiting clubhouse, and *vice versa*). Any non-Covered Individuals who access Restricted Areas must wear an MLB-approved mask while players are present, regardless of their vaccination status.

Clubs should consider modifying Restricted Areas to provide for enhanced distancing and ventilation, and should conduct group activities outside, where appropriate and feasible. MLB Clubs and PDL Clubs must collaborate on establishing such facility and area-specific protocols (also including regular sanitation) prior to the start of the championship season. All Covered Individuals will receive a credential provided by MLB prior to Opening Day of the 2022 championship season that will be required to access Club facilities. While there is no hard limit on the number of Covered Individuals a Club may designate, each Club’s Farm Director is responsible for providing MLB (attention: Access-Lists@mlb.com) with an up-to-date list of its Covered Individuals (by level) throughout the season, with the first list required by April 4.

The field is not considered a Restricted Area, but unvaccinated persons are not permitted to be in direct contact with players on the field. For the avoidance of doubt, the bullpen and dugouts are considered Restricted Areas, therefore all bat persons must be “up to date” with their COVID-19 vaccinations in order to access these areas.

SECTION 4 – ON-FIELD OPERATIONS

4.1 On-Field Health & Safety Protocols

Players and other on-field personnel should employ best practices with respect to personal hygiene when at the ballpark. For example, on-field personnel (including players) must refrain from spitting (including but not limited to, saliva, sunflower seeds, peanut shells, tobacco) at all times while on the field (including in the dugouts and bullpens). Chewing gum is permitted, but must be disposed in a sanitary fashion.

The prohibitions against unsportsmanlike conduct (*see* OBR 6.04) will be strictly enforced during Spring Training, the championship season, and postseason, to prevent unnecessary physical contact and support physical distancing between individuals on the playing field. In this respect, players and managers should maintain physical distancing from all umpires and opposing players on the playing field whenever possible. Players or managers who leave their positions to argue with umpires, come within six feet of an umpire or opposing player or manager for the purpose of argument, or engage in altercations on the field are subject to immediate ejection and discipline, including fines and suspensions.

Fighting and instigating fights are strictly prohibited. Players must not make physical contact with others for any reason, unless it occurs in normal and permissible game action. Violations of these rules will result in severe discipline. The danger of inciting a close gathering will be considered an aggravating circumstance for any on-field discipline.

All violations by players of these Protocols remain subject to discipline.

4.2 Scheduling

MLB has the right to relocate Club(s) to neutral sites, Spring Training sites, or other Clubs' home ballparks, cancel and/or reschedule games contained in the 2022 championship season schedule, if necessary, for health/safety reasons, to comply with governmental restrictions, or to complete the schedule. MLB also has the right to conduct some or all of the 2022 postseason in neutral sites (including other Clubs' home ballparks), or to delay, reschedule, postpone, and/or cancel the postseason.

COVID-19 Related Postponements & Rescheduling

MLB intends to postpone games only if necessary to protect the health and safety of Club personnel, players and umpires. Games will not be postponed for competitive reasons provided the Club has a sufficient number of players available to replace those players on the Active Roster who are unavailable to play as a result of COVID-19. The Commissioner's Office will make the final determination whether it is safe to stage a game. If a Club refuses to participate in a game in which the Commissioner's Office determines should proceed, the Club shall forfeit the game. MLB shall have the right to reschedule any game postponed due to COVID-19 as a split or straight doubleheader. With regard to games postponed due to COVID-19 during the beginning of the

championship season, MLB and the PDL Clubs will, where practicable, avoid rescheduling such games as a split doubleheader prior to June 1, 2022.

Rescheduling PDL games postponed due to COVID-19 will take priority over non-PDL-baseball events. If the home Club has booked a non-PDL-baseball event on the best date to reschedule a PDL game that is postponed due to COVID-19, the Commissioner's Office will ask the home Club to cancel or postpone the non-PDL-baseball event. If the Club does not cancel or postpone the non-PDL-baseball event, the Commissioner's Office may determine, without the approval of the home Club, that the game be played on that date in the home ballpark of the visiting Club or another neutral site.

SECTION 5 – LEAGUE OPERATIONS & TRANSACTIONS

5.1 Rosters & Transactions

5.1.1 Active Rosters

By Monday, April 4, Clubs must submit to MLB a list of all players, in a format to be provided by the Commissioner’s Office, who are currently Covered Individuals. Clubs are permitted to add players to this list at any time provided they do not exceed the Domestic Reserve List limit. In the event that players are added after April 4, the players must follow the Intake procedures contemplated in Section 5.1.3. Any adjustments to the lists of players must occur within the course of permissible transactions so as not to exceed the Domestic Minor League Player Limit.

The Active Roster for each Minor League affiliate must be submitted to MLB (Minorleagueroasters@mlb.com) no later than one hour prior to the scheduled start of the first game. All rosters must comply with the Minor League Club Active Lists limits in MLR 2(b)(3).

5.1.2 Minor League COVID-19 Related Injured List

A player may be placed on the COVID-19 Related Injured List (“COVID-19 IL”) based on a positive test for COVID-19, because of confirmed exposure to COVID-19, if he exhibits symptoms requiring self-isolation for further assessment (as described in Section 2), or if temporarily unavailable due to side effects related to receiving a vaccination for COVID-19.

In order to place a Minor League player on the COVID-19 IL, a Club Physician or Athletic Trainer must submit the request to Minorleagueroasters@mlb.com, which should include proof of a positive test or a detailed explanation of the reason and which of the criteria for placement on the COVID-19 IL above apply. Clubs should also submit the transaction in eBIS for approval.

Players on the COVID-19 IL will not count against a Club’s Active List limit, or Domestic Reserve List Limit. Players who are on their Club’s Active List or an Injured List at the time they are placed on the COVID-19 IL will receive salary to the same extent that they would have if they had remained on the Active List or Injured List during that period.

5.1.3 Intake Procedures

Players who are not already Covered Individuals (*i.e.*, free agents) must conduct the intake procedures outlined in Section 2.1.3. before being added as a Covered Individual and assigned to a Minor League affiliate (or Spring Training Complex).

For players who have previously completed intake and are Covered Individuals who are “up to date” on their vaccinations, no intake procedures will be required for assignments between Minor League levels or assignments between Clubs.

Any unvaccinated player who is currently a Covered Individual and is assigned to a new level or Club regardless of circumstance (*e.g.*, Minor League trade, transfer, etc.) will be required to

complete a Daily Health Screen (*see* Section 2.1) and test negative for COVID-19 on a Rapid Diagnostic Test administered on-site before accessing any Restricted Areas.

A player undergoing intake procedures described above will not count against a Club's Active List limit but the roster addition must be approved immediately following the results of such test being reported.

5.1.4 Permissible Taxi Squads

MLB Clubs will be permitted (but not required) to carry up to five (5) additional players on the Class AAA roster who will count against the limit of 5 while either on the Class AAA team or Major League team ("Taxi Squad") in order to facilitate placing players on the Major League Taxi Squad during the season. Class AAA Taxi Squad or Major League Taxi Squad players will not count against the Class AAA Active List limit of 28 and are not eligible to participate in Class AAA championship season games while in that designation. Taxi Squad players are permitted to work out with the Class AAA Club but are not permitted to be in uniform or in the dugout during games. However, any catchers on the Taxi Squad are permitted to serve as bullpen catchers. Unless the Class AAA facility can safely accommodate the Taxi Squad players, those players should not remain at the stadium after they complete their workout.

In eBIS, the Class AAA roster will show up to 33 active players, but only 28 are permitted to be active for each championship game. The additional players must either be on the Class AAA or Major League Taxi Squad. Players on the Major League Taxi Squad must be entered appropriately in the Taxi Squad utility in eBIS. Each Club's Farm Director is responsible for keeping track of the players on the Class AAA Taxi Squad who are not eligible to participate in a championship season game and cannot be listed on the Club's lineup card.

5.1.5 Special Covenants

To the extent a special covenant to a player's Minor League UPC conflicts with any provision or requirement of these Protocols, the terms and conditions of these Protocols shall govern.

SECTION 6 – TRAVEL

6.1 Travel

Team-arranged transportation (*e.g.*, team charters, trains, buses, *etc.*) should be treated as Restricted Areas. Bus drivers are not required to be vaccinated, although it is strongly encouraged that Clubs utilize bus drivers who are “up to date” on their COVID-19 vaccinations. In the event that a bus driver is not “up to date,” that individual must wear a Club-approved face covering while around Covered Individuals.

Clubs must endeavor to travel in a controlled environment at all times. Only Covered Individuals are permitted to travel with their Club on the road.

Clubs and Covered Individuals are expected to follow federal, state and local travel restrictions where they are located, along the route, and at the planned destination. In addition to adhering to applicable requirements, Covered Individuals must wear a Club-approved face covering while on team-arranged transportation (*e.g.*, team charters, train, buses, *etc.*) as required by applicable federal, state, and local laws and regulations. Minor League Clubs are responsible for working with local governments and health officials to ensure that all regulatory approvals necessary to play, host, and travel to games are secured.

In the event an unvaccinated staff member has received an exemption (*see* Section 2.1.2) and requires travel between affiliates (*e.g.*, rovers), that individual is required to follow the same intake procedure required of unvaccinated players reporting to a new affiliate (*see* Section 5.1.3).

COVID-19 Vaccination Requirements Per Various Governmental Regulations

Covered Individuals scheduled to play in Canada must refer to the Canadian government's website for specifics and updates related to vaccination and testing requirements to ensure that your group meets all criteria before traveling. Additional details on travel to and from Canada will be distributed separately.

Additionally, the United States government requires that non-citizens and non-permanent residents be fully vaccinated before entry⁷ (including to return from Canada after a road trip or return from the Dominican Republic) and that all entrants can provide evidence of a negative viral test conducted within one day⁸.

A player who, as a result of a governmental regulation (statute, ordinance, order, rule, *etc.*) that mandates vaccination for COVID-19, or restricts travel or the ability to perform services based on COVID-19 vaccination status, is unable or ineligible to play in a championship season game (or games) due to his vaccination status will be ineligible for placement on the COVID-19 IL, but rather may be placed on the Restricted List pursuant to Major League Rule 2(c)(6), without pay, during such period of unavailability.

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/noncitizens-US-air-travel.html>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html>

SECTION 7 – PLAYER & STAFF EDUCATION

7.1 COVID-19 Player & Staff Education

7.1.1 General Overview

MLB will provide to all Minor League Covered Individuals the comprehensive education programs and materials provided to the Major League Covered Individuals regarding the safety and benefits of COVID-19 vaccinations and best practices for reducing the risk of infection with COVID-19. Clubs may share those programs and materials with families and household members of Covered Individuals, and any other employees to the extent it is relevant to their functions for the Club in its facilities. The development and management of these education programs will be administered centrally by MLB, in consultation with appropriate medical and public health experts. All education shall be presented in English and Spanish, when necessary, but Clubs will be responsible for arranging access for families and household members of Covered Individuals and educating other employees with respect to their specific Health and Safety Protocols and their employees' specific responsibilities. Players can reach out to MLB Player Programs (playerprograms@mlb.com) and/or MLB Health & Safety Programs for additional information and resources at any time.

Each Club is responsible for ensuring that all Club employees (including players) review any COVID-19 education that is provided by MLB prior to commencing work for the 2022 season.

7.1.2 Player Liaisons

Clubs should encourage at least one player from each Club to represent his or her Club as its "Player Liaison." The Player Liaison will communicate regularly with his or her Club's medical staff, front office, and designated compliance officers and staff to identify any safety-related issues or concerns. Player Liaisons will promote awareness of and compliance with health and safety protocols by players and other club Staff.

7.1.3 Regular Health and Safety Updates

MLB will provide regular updates to players and Club employees via virtual meetings, emails, handouts, posters, and other communications, as appropriate.

ATTACHMENTS

Attachment 1

Health Check Screen

All players and Club employees are required to complete the following COVID-19 symptom and exposure questionnaire before being allowed to enter Restricted Areas. If your answer to questions 1, 2, or 3 is “Yes,” please also contact a member of your Club’s medical staff.

1. In the past 24 hours, have you experienced any of the following symptoms?

	Yes	No
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Sore or Scratchy Throat	<input type="checkbox"/>	<input type="checkbox"/>
Congestion or Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Fever or Chills	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath or Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Lightheadedness or Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Irregular Heartbeat/Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Pain or Pressure/Tightness in Chest	<input type="checkbox"/>	<input type="checkbox"/>
New Loss of Taste or Smell	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or Body Aches	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or Weakness	<input type="checkbox"/>	<input type="checkbox"/>
Upset Stomach, Nausea, Vomiting, or Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Skin Rash or Discoloration of Fingers or Toes	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you had a fever at or above 100.4 degrees Fahrenheit (38.0 degrees Celsius) or taken any fever-reducing medications (*e.g.*, Tylenol or Advil) within in the last 72 hours?

Yes No

3. Do you have reason to believe that you, or anyone with whom you have had close contact, may have been exposed to Covid-19 in the past 14 days?

Yes No

Attachment 2

Intake Screening – Medical History Questionnaire

NAME: _____

DATE: _____

I. Vaccination Status

a. Have you received a COVID-19 vaccine? Yes No

i. If yes, which COVID-19 vaccine did you receive? _____

ii. If yes, what were the date(s) of your vaccine dose(s)? _____

b. Have you received a COVID-19 booster dose? Yes No

i. If yes, which COVID-19 booster did you receive? _____

ii. If yes, what was the date of your booster dose? _____

II. COVID-19 Infection History

a. Have you tested positive for COVID-19 before October 1, 2021? Yes No

i. If yes, what was the date of your positive test? _____

ii. If yes, what type of test(s) did you test positive on? _____

iii. If yes, where was this positive test administered? _____

iv. If yes, what were your dates of isolation? _____

v. If yes, did you experience any symptom(s)? Yes No

a. If yes, are you still having symptoms? Yes No

b. Did you or do you have these symptoms?

i. Chest Pain or Tightness Yes No

ii. Shortness of Breath/Dyspnea Yes No

iii. Irregular Heartbeat/Palpitations Yes No

iv. Lightheadedness/Fainting/Syncope Yes No

c. Date of last above symptom(s)? _____

Attachment 3

AUTHORIZATION FOR THE USE AND/OR DISCLOSURE OF COVID-19 HEALTH-RELATED INFORMATION

By my signature below, I authorize the use and/or disclosure of my COVID-19 Health Information as provided for below:

1. This Authorization applies to all personal and health information about me that is now (or, during the period covered by this Authorization, may be) in the possession, care, custody or control of the persons or entities (or classes of persons or entities) specified in Paragraph 2 below. As used hereafter in this Authorization, “COVID-19 Health Information” shall mean any and all health screenings, questionnaires, body temperature, signs/symptoms of lower respiratory illness, display of symptoms associated with the novel coronavirus SARS-CoV-2 and any resulting disease (together, “COVID-19”) and results of tests taken to detect COVID-19 and/or antibodies related to COVID-19; and all information related to any sickness, disease, physical condition, medical or clinical status, diagnosis, treatment or prognosis, including, without limitation, clinical notes, test results and laboratory reports related to COVID-19.
2. I authorize the following persons and entities (or classes of persons and entities) to use and/or disclose (to the individuals specified in Paragraph 3 below) any of the COVID-19 Health Information about me that is (or, during the period covered by this Authorization, may be) in their possession, care, custody or control for the purposes described in Paragraph 3 below: All health care providers, physicians, psychologists, laboratories, clinics, Major League Baseball Certified Athletic Trainers or other medical providers authorized by MLB Professional Development Leagues, LLC, the Office of the Commissioner of Baseball, any Major League Baseball Club or [*PDL Club*] (“Club”) with whom I have consulted pursuant to testing or treatment related to COVID-19.
3. I authorize the persons and entities (or classes of persons and entities) described in Paragraph 2 to disclose any of the COVID-19 Health Information about me that is (or, during the period covered by this authorization, may be) in their possession, care, custody or control, for any purpose relating to my employment to any front office staff member or any medical staff member of the Club or the Major League Baseball Club with which the Club is affiliated, including, without limitation, any Owner, President, General Manager, President of Baseball Operations, Director of Baseball Operations, Assistant General Manager, Field Manager, Physician and such medical personnel as they may designate, Director of Medical Services, Certified Athletic Trainer, Assistant Certified Athletic Trainer, Club Rehabilitation Coordinator, In-House Counsel, Risk Manager or Workers Compensation Coordinator, Jon Coyles and Dr. Bryan Smith of Major League Baseball (and their designees) and any Health and Safety Officer (as defined in the Minor League Baseball’s 2022 Health & Safety Protocols) of each of the 120 Professional Development League Clubs (and their designees). I also authorize any COVID-19 Health Information

(including, without limitation, my test results, clinical notes, laboratory notes, physical condition, diagnosis or medical or clinical status) to be disclosed to any other governmental entity, including, without limitation, any city, county or state, as is required by law. Notwithstanding the foregoing, I understand that the COVID-19 Health Information disclosed pursuant to this Authorization might be used or redisclosed by the recipient and would no longer be protected by HIPAA.

4. My agreement herein is expressly conditioned upon the limited nature of the disclosures authorized. The disclosure of COVID-19 Health Information pursuant to this Authorization is solely for the purposes specified in this Authorization. The COVID-19 Health Information may not be disclosed to any person or entity other than those specified herein without my express written consent. The COVID-19 Health Information may not be utilized for any purpose other than that specified herein without my express written consent. No person to whom or entity to which COVID-19 Health Information is disclosed may re-disclose such information for any purpose other than those specified herein without my express written consent.
5. I understand that I have the right to revoke this Authorization at any time, but that my revocation will not be effective to the extent that any of the persons or entities (or classes of persons or entities) I have authorized to use and/or disclose my COVID-19 Health Information have acted in reliance upon this Authorization. My revocation must be in writing and be sent to *[insert name and address of PDL or MLB Club physician]*.
6. This Authorization expires one year from the date it is signed, unless previously revoked.
7. I acknowledge that I have read and received a copy of this Authorization.

Employee Signature

Date

Employee Printed Name