



## GAME/PRACTICE HEALTH SCREENING QUESTIONNAIRE

Player's Name: \_\_\_\_\_

Parent/Guardian Name: (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Team Name: \_\_\_\_\_

Temperature: (Team Representative will administer) \_\_\_\_\_ Initial: \_\_\_\_\_

1. IN THE PAST 48 HOURS (2 days), have you had any of the following symptoms that are **NOT** due to another health condition:

*Fatigue, headache, loss of taste or smell, cough, chills, muscle aches (not sure to exercise), fever 100.4 or higher or sense of having fever, nausea, vomiting, diarrhea, shortness of breath, difficulty breathing, sore throat, congestion or runny nose.*

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Have you, your child, or someone in your immediate household:

- been **SICK** and are awaiting the results of a Covid-19 test;
- been exposed to Covid 19 and are waiting test results;
- been in close contact with someone who was recently diagnosed with Covid 19 (positive test in the past 14 days); or
- In the past 14 days, have been exposed to Covid 19 (for example you, or a member of your household were closer than 6 feet from a person with Covid 19 for more than 10 minutes)

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you or your child traveled within the past 14 days by train, bus, plane, car or other method of transportation outside of the United States, or within the past 14 days traveled to/from a state subject to New Jersey's 14-day quarantine period? The current list of states subject to the New Jersey travel advisory and quarantine can be found on [New Jersey's Covid19 website](#).

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "yes" to any of the above questions, you may not attend today's WHC game/practice.

If you answered "no" to all three of the above questions, you may enter the ice rink. Have a good skate!