



Return To Play Questionnaire _____

Participant's Name:

DOB:

Today's Date:

All questions below should be answered from the participant. We reserve the right to not allow participation from those demonstrating symptoms of a cough, cold and/or allergies.

Please circle either YES or NO.

1. Have you or a family member living in your home traveled **outside** of the USA in the last 14 days? YES NO
2. Have you or a family member living in your home traveled **within** the USA in the last 14 days? YES NO
3. Have you or a family member living in your home been in close contact with anyone who has traveled domestically or internationally in the last 14 days? YES NO
4. Have you or a family member in your home been in close contact with a person known to have the 2019 Novel Coronavirus? YES NO
5. Have you or a family member in your home been asked to self-quarantine? YES NO
6. Do you currently have fever or lower respiratory symptoms such as a cough or shortness of breath? YES NO
7. Do you or a family member have a new onset of cold symptoms such as a cough or runny nose? YES NO