



## Activity Health Questionnaire

To keep you and all of our players, participants, coaches and their families safe, we are following the guidelines, and recommendations of the New Jersey Department of Health and requiring that every participant be assessed for SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES, symptoms and risk factors each day before engaging in any related activity (practices, competitions, events, and/or before entering into any athletic facilities, etc.). The below questionnaire must be completed for each player, for each activity, on the day of the activity, before the player will be permitted to engage in the activity.

Symptoms	Participant		Parent Guardian	
When you took your temperatures today, was it above 100.4?	NO	YES	NO	YES
Have you had SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES within the last 14 days, or have you been tested for it within the last 14 days?	NO	YES	NO	YES
Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish," or had a temperature that is elevated for you of 100.4 or greater?	NO	YES	NO	YES
Do you have any of the following symptoms?	NO	YES	NO	YES
a. Fever or chills	NO	YES	NO	YES
b. Cough	NO	YES	NO	YES
c. Shortness of breath or difficulty breathing	NO	YES	NO	YES
d. Fatigue	NO	YES	NO	YES
e. Atypical muscle pain or body aches	NO	YES	NO	YES
f. Headache	NO	YES	NO	YES
g. Recent loss of taste or smell	NO	YES	NO	YES
h. Sore Throat	NO	YES	NO	YES
i. Congestion or runny nose	NO	YES	NO	YES
j. Nausea or Vomiting	NO	YES	NO	YES
k. Diarrhea	NO	YES	NO	YES
Have you traveled internationally or outside of the State of New Jersey in the last 10 days?	NO	YES	NO	YES
Within the last 14 days, have you been exposed to, or come into contact with, anyone you know: (A) who has SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES, (B) who is/was being tested for SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES, (C) who had symptoms consistent with SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES, or (D) who was exposed to someone with SARS-CoV-2, COVID-19, MIS-C & OTHER PANDEMIC ILLNESSES?	NO	YES	NO	YES

*All information is certified to be truthful beliefs and accurate information. Regardless of how you answer the questions provided in this survey, if you have symptoms consistent with COVID-19 or feel you may be developing symptoms consistent with COVID-19, you cannot attend or participate in any activities and should contact a local healthcare professional.*

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Participant's Name (Printed)

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

\_\_\_\_\_  
Date