

MHC & Clary Anderson Arena COVID Screening

Team Name: _____ **Game Date:** _____

Name: _____

Email: _____

Phone Number: _____

Respond Y (Yes) or N (No) to the following:

Have you had a temperature over 100.4° within the past 24hours? _____

Have you had any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, sneezing, nausea or vomiting, diarrhea? _____

Have you had close contact with someone who has tested positive for COVID-19 in the past 14 days? _____

Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice or to a U.S. state with significant COVID-19 spread, as identified by the NJ Department of Health? _____

As of Tuesday, October 13, there are currently 38 states and U.S. jurisdictions that meet the criteria stated above:

Alabama <i>(added 6/24/20)</i>	Montana <i>(re-added 9/1/20)</i>
Alaska <i>(re-added 9/1/20)</i>	Nebraska <i>(added 7/21/20)</i>
Arkansas <i>(added 6/24/20)</i>	Nevada <i>(re-added 9/22/20)</i>
Colorado <i>(added 9/29/20)</i>	New Mexico <i>(re-added 10/6/20)</i>
Delaware <i>(re-added 9/8/20)</i>	North Carolina <i>(added 6/24/20)</i>
Florida <i>(added 6/24/20)</i>	North Dakota <i>(added 7/21/20)</i>
Georgia <i>(added 6/30/20)</i>	Ohio <i>(re-added 10/13/20)</i>
Guam <i>(added 8/25/20)</i>	Oklahoma <i>(added 7/7/20)</i>
Idaho <i>(added 6/30/20)</i>	Puerto Rico <i>(re-added 9/15/20)</i>
Illinois <i>(added 7/28/20)</i>	Rhode Island <i>(re-added 9/22/20)</i>
Indiana <i>(added 7/21/20)</i>	South Carolina <i>(added 6/24/20)</i>
Iowa <i>(added 6/30/20)</i>	South Dakota <i>(added 8/11/20)</i>
Kansas <i>(added 7/7/20)</i>	Tennessee <i>(added 6/30/20)</i>
Kentucky <i>(added 7/28/20)</i>	Texas <i>(added 6/24/20)</i>
Louisiana <i>(added 6/30/20)</i>	Utah <i>(added 6/24/20)</i>
Michigan <i>(re-added 10/13/20)</i>	Virginia <i>(re-added 10/13/20)</i>
Minnesota <i>(re-added 9/22/20)</i>	West Virginia <i>(added 9/8/20)</i>
Mississippi <i>(added 6/30/20)</i>	Wisconsin <i>(added 7/14/20)</i>
Missouri <i>(added 7/21/20)</i>	Wyoming <i>(added 9/22/20)</i>

If you responded Yes to any of the above questions DO NOT ENTER THE FACILITY.

If I begin to show symptoms of COVID-19 within the next two weeks, I will contact the facility and the MHC COVID Coordinator.

I will follow all posted rink rules to keep myself, my coaches and the facility employees as well as those around me, safe.

Signature: _____