SUBURBAN www VOCER muss

SYSLNJ Game Participant Questionnaire

To keep you and all of our participants safe, SYSLNJ is following the guidelines and recommendations of NJYS and the NJ Department of Health and requiring that every participant be assessed for COVID-19 symptoms and risk factors before playing a match / game scheduled through SYSLNJ. Each team official and player must complete the below questionnaire before you are permitted to participate in a match / game. Please write and / or circle your answer.

Player/Coach/Participant Name _	
Division & Team	
Game/ Event Date & Time	

- **1.** Have you had COVID-19 within the last 14 days, or have you been tested for it and are awaiting results? **No** Yes
- 2. 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 or 100.4 F or greater? No Yes
- 3. Do you have any of the following symptoms? No Yes
 - Cough
 - Shortness of breath
 - Difficulty breathing
 - Fatigue
- 4. Do you have any of the following other symptoms (at least two)? No Yes
 - Headache
 - Fever
 - Chill
 - Atypical muscle pain or body aches
 - New loss of taste or smell
 - •Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- 5. Within the last 14 days, have you been exposed to, or come into contact with, anyone you know: (a) who has COVID-19, (b) who is/was being tested for COVID-19 and has not received a negative result, (c) who had symptoms consistent with COVID-19, or (d) who were exposed to someone with COVID-19? No Yes
- **6.** Have you traveled to a "high risk" area determined by the Governor's office without having quarantined for a 14-day period? **No Yes**

symptoms consistent with COVID-19 or feel you may be developing symptom	ms
consistent with COVID-19, you cannot attend the match / game and should contac	t a
local healthcare professional.	

Print Name:	
Signature:	
Date:	(note date must be within 24 hours of game / event
start time)	