

## Lady Colonials Health Questionnaire

This completed form must be handed in to check-in to **EVERY** Lady Colonials event (practices or game) as your entry ticket to the Lady Colonials event. No Exceptions! To keep all of our players, participants, coaches and their families safe, the Lady Colonials is following the guidelines and recommendations of the New Jersey Department of Health, Morris Township Health Department and the Morris Township Board of Health and requiring that every participant be assessed for COVID-19 symptoms and risk factors each day before engaging in any sport-related activity or event. The following questionnaire must be completed for each player and coach on the day of each Lady Colonials Lacrosse activity or event before the player/coach will be permitted to go on the field.

1. **Today was your temperature above 100.4F?** Please circle – YES / NO

2. **Within the last 10 days have you been exposed to or come into contact with anyone you know:**

- |   |          |
|---|----------|
| (a) who has COVID-19                          | YES / NO |
| (b) who is/was being tested for COVID-19      | YES / NO |
| (c) who had symptoms consistent with COVID-19 | YES / NO |
| (d) who was exposed to someone with COVID-19  | YES / NO |

3. **Do you have any of the following symptoms?** Please circle YES or NO for each symptom.

- |                      |          |                               |          |
|----------------------|----------|-------------------------------|----------|
| Fever or chills      | YES / NO | 4. Headache                   | YES / NO |
| Cough                | YES / NO | 5. New loss of taste or smell | YES / NO |
| Difficulty breathing | YES / NO | 6. Sore Throat                | YES / NO |
| Fatigue              | YES / NO | 7. Congestion or runny nose   | YES / NO |
| Atypical body aches  | YES / NO | 8. Nausea or vomiting         | YES / NO |
| Diarrhea             | YES / NO |                               |          |

4. **Have you traveled internationally or outside of the State of New Jersey in the last 10 days (excluding New York, Connecticut, Pennsylvania, Delaware)?** YES / NO

**If you circled YES to any of the above, please do not attend the next Lady Colonials event and Contact your coach to let them know about the specifics.**

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if participant under the age of 18) \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_