

**Dennis Township Covid-19 Daily Questionnaire**

Name of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you experiencing any of the following symptoms?**

**Please Circle One**

- |   |     |    |
|---|-----|----|
| 1. Fever (above 100.4°F)                                    | YES | NO |
| 2. Cough or shortness of breath                             | YES | NO |
| 3. Sore Throat  | YES | NO |
| 4. Chills   | YES | NO |
| 5. Muscle aches or rigors, not related to workouts/exercise | YES | NO |
| 6. Headache   | YES | NO |
| 7. New loss of taste or smell                               | YES | NO |
| 8. Abdominal pain, nausea, vomiting or diarrhea             | YES | NO |

Have you or anyone in your household tested positive or quarantined for COVID-19 in the past 14 days?  
YES NO

Have you been in close contact with anyone who has recently tested positive or is showing symptoms of COVID-19?  
YES NO

Have you traveled or had close contact with anyone who has traveled internationally or in a state NJ requires quarantine for in the last 14 days?  
YES NO

**To participate in winter rec basketball games, each participant must have their parent/guardian complete this form before EVERY game. Bring this completed form with you and hand it in to your coach at the front doors of the Rec Building.**

**Coaches will take the participants temperature before they are permitted to enter the building.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Time**