

MONTGOMERY BASKETBALL ASSOCIATION 2020-2021

DAILY COVID-19 HEALTH QUESTIONNAIRE

DATE: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

1. Have you received a positive result from a COVID-19 test within the past 14 days?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Have you been in close contact with anyone while they have had COVID-19 or symptoms of COVID-19 in the past 14 days?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. In the past 14 days, have you or someone you reside with traveled outside of NJ to a state on the Tri-State Advisory List?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

4. In the past 14 days, have you experienced any of the following symptoms not attributed to another health condition (circle all that apply):

- Fever (100.4°F or greater) or chills
- Shortness of breath or difficulty breathing
- Cough
- Sore throat
- Recent loss of smell or taste
- Nausea, vomiting or diarrhea
- Fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose
- None of the above