



Cherry Hill Soccer Club Health Questionnaire

To keep you and all of our players, participants, coaches and their families safe, we are following the guidelines and recommendations of the New Jersey Department of Health and requiring that every participant be assessed for COVID-19 symptoms and risk factors each day before engaging in any youth soccer-related activity (practices, competitions, events and/or before entering into any facilities, etc.). The below questionnaire must be completed for each player for each youth soccer activity on the day of the subject activity before the player will be permitted to engage in the subject activity.

1. Did you forget to have your temperature taken today before coming to this event? **(Yes/No)**
2. Was your temperature above 100.3 F today? **(Yes/No)**
3. 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 had symptoms consistent with COVID-19, or (c) who was exposed to someone with COVID-19? **(Yes/No)**
4. Have you or a family member visited a high risk country or state or have extended close contact with someone who has within the last 14 days? **(Yes/No)**
5. 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 100.4F or greater? **(Yes/No)**
6. Do you have any of the following symptoms? **(Yes/No)**
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Atypical muscle pain or body aches
 - Headache
 - New loss of taste or smell
 - Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

Regardless of how you answer the questions provided in this survey, if you have symptoms consistent with COVID-19 or feel you may be developing symptoms consistent with COVID-19, you cannot attend or participate in any youth soccer activities and should contact a local healthcare professional.