Township of Mahwah Youth Sports Boosters
COVID-19 Daily Wellness Questionnaire

Sport: _____

Team: _____

Coach: _____

Date: _____

ALL PLAYERS & COACHES MUST ANSWER ALL QUESTIONS TO PARTICIPATE IN GAMES/PRACTICES.
ANY PLAYER OR COACH SHOWING SYMPTONS OF COVID-19 SHALL NOT BE PERMITTED TO PARTICIPATE.
**ANY PLAYER OR COACH THAT RECORDS A TEMPERATURE OF 100 OR HIGHER SHALL NOT BE PERMITTED TO PARTICIPATE.*

Player's/Coach's Name	Cough	Fever	Sore Throat	Shortness of Breath	Close Contact w/Someone with COVID-19	Temperature*
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	
	YES NO	YES NO	YES NO	YES NO	YES NO	