

Softball Program Preparation Plan Screening Form

In order to comply with NJDOH and CDC guidelines, it is mandatory for all softball players to receive daily screening for signs and symptoms of COVID-19.

Regardless of the survey results, if you feel that you have symptoms relative to COVID-19, please stay home and contact a health care professional.

Do you have any of the following symptoms?

Only circle any symptoms or statements that apply:

1. Fever
2. Shortness of breath
3. Cough
4. Chills
5. Repeated shaking with chills
6. Muscle Pain
7. Sore Throat
8. New loss of taste or smell
9. Are you ill or care for someone who is ill with any of the above symptoms?
10. In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, or who is under investigation for COVID-19?
11. In the last 14 days, have you traveled internationally to Iran, South Korea, China, Europe or reside in a community with known outbreak?
12. None of the above

Signature

Print Name

Date