MIDDLESEX 60 SOFTBAL LEAGUE
COVD-19 SURVEY QUESTIONEER

DATE_____

THE FOLLOWING UNDERSIGNED HAVE READ AND ANSWERED ALL OF THE FOLLOWING QUESTIONS WITH A NO.

1. HAVE YOU TRAVELED TO A COUNTRY WITH A HIGH NUMBER OF CASES (CHINA, SOUTH KOREA, ITALY, IRAN, FRANCE OR SPAIN, EUROPE) IN THE LAST 14-30 DAYS OR RESIDE IN A COMMUNITY WITH KNOWN OUTBREAK?

2. HAVE YOU BEEN EXPOSED TO ANYONE WITH A LAB CONFIRMED POSITIVE TEST FOR COVD-19 OR ANYONE WHO IS CURRENTLY UNDER MANDATORY QUARANTINE FOR POSSIBLE COVD-19 EXPOSURE?

3. DO YOU CURRENTLY HAVE, OR RECENTLY HAD A COUGH, SHORTNESS OF BREATH, HEADACHE, CHILLS, MUSCLE PAIN, SORE THROAT, NEW LOSS OF TASTE OR SMELL, GI SYMPTOMS SUCH AS DIARRHEA, OR A FEVER OF 100.4 DEGREES OR MORE?

4. ARE YOU ILL OR CARE FOR SOMEONE WHO IS ILL WITH THE ABOVE SYMPTOMS?

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