



Pinelands Soccer Association

The health and safety of our soccer family is important to us. Each player and coach must fill out these questions BEFORE each training session. These sheets then need to be collected by the coach and kept for record keeping.

Regardless of the answers to these questions if you show/have signs of COVID-19 symptoms or if we feel you might have signs of COVID-19 you are not allowed to participate in any soccer activities and should contact a local healthcare professional.

1. Was your temperature above 100.4F today? (YES/NO)
2. In the last 14 days have you been tested positive for COVID-19 or had COVID-19? (YES/NO)
3. In the past 24 hours have you had any of the following symptoms: (YES/NO)
 - Fever
 - Chills
 - Cough
 - Shortness of breath
 - Fatigue
 - Atypical muscle pain or body aches
 - Headache
 - Lost of taste and/or smell
 - Sore Throat
 - Congestion or running nose
 - Nausea or Vomiting
 - Diarrhea
4. Have you traveled outside the state of NJ in the past 14 days? (YES/NO)
5. Within the past 14 days, have you exposed to, come into contact with, anyone you know: (a) who has COVID-19, (b) who is/was being tested for COVID-19, (c) who had symptoms consistent with COVID-19, or (d) who was exposed to someone with COVID-19? (YES/NO)

Name:

Date: