

Randolph Soccer Club - Health Questionnaire

The below questionnaire must be completed for each player for each RSC activity on the day of the subject activity with a paper copy turned in to training staff before the player will be permitted to engage in the RSC activity. Circle your response.

Player Name _____ Date: _____

Parent/Guardian completing this form:

Signature _____ Printed Name: _____

1. When you/your parent took your temperature today was your temperature at or above 100.4F? (Yes/No)
2. Have you had COVID-19 within the last 14 days, or have you been tested for it within the last 14 days? (Yes/No)
3. 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)
4. 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
5. Have you traveled internationally or outside of the State of New Jersey in the last 14 days? (Yes/No)

****If you are planning to travel to or through the following states, please do not return to training until you have complied with NJ's mandated quarantine requirements: Alabama, Alaska, Arkansas, California, Florida, Georgia, Guam, Hawaii, Idaho, Indiana, Iowa, Illinois, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands, and Wisconsin.**

If you answered Yes to #5, but your travel was not international and did not involve any of the states listed above and your response is no to the rest of these questions, you/your player may attend.

6. 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 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)

If you answered yes to any of these questions other than #5, where you must follow the mandate based on travel specifics, you cannot attend or participate in any RSC activities. Please consider contacting a local healthcare professional. Tammy McConnell is Randolph Soccer Club's point person for all COVID-19 related matters (randolphsc.nj@gmail.com).