

## Cinnaminson Baseball Adult Health Questionnaire

Consistent with NJ Department of Health guidelines, athletes should be screened via a health questionnaire at the beginning of each practice or competition. In order to assist Cinnaminson Baseball ("CB") representatives in complying with this guideline, please complete this questionnaire and return it to your coach, or other designated CB representative, prior to the start of each practice or competition. In these unique circumstances, CB appreciates your cooperation in this matter.

**IMPORTANT NOTE:** If you answer "Yes" to any of the questions below, you will not be permitted to participate in the practice or competition. In this case, you are strongly encouraged to say home to avoid unnecessary travel.

Name (Printed): \_\_\_\_\_

1. Are you actively under quarantine for either being diagnosed with COVID-19 or coming in contact with someone who has been diagnosed with COVID-19?  Yes or  No
2. Are you currently experiencing symptoms of COVID-19 such as a fever, shortness of breath, or a cough?  Yes or  No
3. Is a member of your household showing symptoms of COVID-19 (such as a fever, shortness of breath, or a cough) or have you been exposed to a person that is actively quarantined with COVID-19 symptoms or diagnosis?  Yes or  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

### For Cinnaminson Baseball Staff Only

Temperature Screening Results:  Pass ( $\leq 100.3$  °F) or  Fail ( $\geq 100.4$  °F)

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