

Cinnaminson Baseball Youth 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 child or ward's 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, your child or ward 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.

Player Name (Printed): _____

1. Is your child or ward 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. Is your child or ward 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 child or ward's household showing symptoms of COVID-19 (such as a fever, shortness of breath, or a cough) or has your child or ward been exposed to a person that is actively quarantined with COVID-19 symptoms or diagnosis? Yes or No

Parent or Guardian Signature

Date

For Cinnaminson Baseball Staff Only

Temperature Screening Results: Pass (≤ 100.3 °F) or Fail (≥ 100.4 °F)

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