## **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 <u>each</u> practice or competition. In these unique circumstances, CB appreciates your cooperation in this matter.

<u>IMPORTANT NOTE</u>: 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.

someone who has been diagnosed with COVID-19?  2. Are you currently experiencing symptoms of COVID-19 such as a fever, shortness of breath, or a cough?	Nam	me (Printed):		
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?    Signature	1.		Yes or No	
Signature  Date  For Cinnaminson Baseball Staff Only  Temperature Screening Results:	2.	Are you currently experiencing symptoms of COVID-19 such as a fever, s	hortness of breath, or a cough?	Yes or No
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