## **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 <u>each</u> 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.

	yer Name (Printed):					
1.	Is your child or ward actively ur contact with someone who has	· · · · · · · · · · · · · · · · · · ·		with COVID-19 or coming in	Yes or No	
2.	Is your child or ward currently or a cough?	experiencing symptoms of COV	ID-19 such as	s a fever, shortness of breath,	Yes or No	
3.	Is a member of your child or was shortness of breath, or a cough quarantined with COVID-19 syr	) or has your child or ward bee			Yes or No	
Parent or Guardian Signature					Date	
For (	Cinnaminson Baseball Staff Only					
Tei	mperature Screening Results:	Pass ( ≤ 100.3 °F )	or	☐ Fail ( ≥ 100.4 °F )		
IMP	petition. In these unique circumst	hild or ward's coach, or other		CB representative, prior to the	eline, please complet ne start of <u>each</u> pract	
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