



COVID-19 Daily Screening

Name: _____ Date: _____

School: _____ Event: _____

Match Location: _____ Session (AM/PM): _____

Please Circle one: Wrestler Coach Official Staff Parent/Guardian Press

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put you at risk or the risk for spreading illness to others. Please note that this list does not include all possible symptoms with COVID-19 may experience any, all, or none of these symptoms.

Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

If **TWO OR MORE** of the fields in **Column A** are checked off OR **AT LEAST ONE** field in **column B** is checked off, please stay home, and notify your doctor for further instructions.

Section 2: Close Contact/Potential Exposure

Please verify if in the last 14 days:

<input type="checkbox"/>	You have had close contact (within 6 feet of an infected person for a total of 15 minutes or more during a 24-hour period) with a person with COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with or being tested for COVID-19
<input type="checkbox"/>	You have traveled from any U.S. State or territory outside of New York, Connecticut, Pennsylvania, and Delaware and is not otherwise exempt from quarantine under the DOH travel restrictions

If ANY of the fields in Section 2 are checked off, you should remain home for 14 days from the last date of exposure (if a close contact of a confirmed COVID-19 case) or date of return to New Jersey. Contact your local health department for further guidance.