

# ISP Health Questionnaire

**This completed form must be handed in to ISP check-in every week as your entry ticket to the ISP lacrosse league. No Exceptions!**

To keep you and all of our players, participants, coaches and their families safe, ISP is following the guidelines and recommendations of the New Jersey Department of Health and requiring that every participant be assessed for COVID-19 symptoms and risk factors each day before engaging in any sport-related activity or event at ISP. The following questionnaire must be completed for each player and coach on the day of each ISP lacrosse league game before the player/coach will be permitted to go on the field.

1. When you took your temperature today was your temperature above 100.4F? **Please circle – YES / NO**
  
2. Within the last 10 days have you been exposed to or come into contact with anyone you know: **Please circle YES or NO for each.**
  - (a) who has COVID-19 **YES / NO**
  - (b) who is/was being tested for COVID-19 **YES / NO**
  - (c) who had symptoms consistent with COVID-19 **YES / NO**
  - (d) who was exposed to someone with COVID-19 **YES / NO**

If you circled **YES** for any of these questions, please provide more detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any of the following symptoms? **Please circle YES or NO for each symptom.**

- |   |  |
|---|--|
| • Fever or chills <b>YES / NO</b>                             | • New loss of taste or smell <b>YES / NO</b> |
| • Cough <b>YES / NO</b>                                       | • Sore Throat <b>YES / NO</b>                |
| • Shortness of breath or difficulty breathing <b>YES / NO</b> | • Congestion or runny nose <b>YES / NO</b>   |
| • Fatigue <b>YES / NO</b>                                     | • Nausea or vomiting <b>YES / NO</b>         |
| • Atypical muscle pain or body aches <b>YES / NO</b>          | • Diarrhea <b>YES / NO</b>                   |
| • Headache <b>YES / NO</b>                                    |  |

If you circled **YES** for any of the symptoms, please provide more detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you traveled internationally or outside of the State of New Jersey in the last 10 days (excluding New York, Connecticut, Pennsylvania, Delaware)? **Please circle – YES / NO**

If you circled **YES**, please provide more detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team Name** \_\_\_\_\_

**Participant's Name** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature (if participant under the age of 18)** \_\_\_\_\_ **Date** \_\_\_\_\_