Health Screening Assessment

COVID-19 Questionnaire

Purpose: As mandated by Nassau County Hockey, this form must be completed daily by every player and responsible parent to screen for possible exposure to the COVID-19 Virus. Answers will remain **confidential** in accordance with State and federal law, and maintained by Nassau County Hockey.

Section 1	**Player & Parent Information**	
Date:	Player Name:	Parent Name:
Team:		Rink: CANTIAGUE PARK
Phone:	Email:	

Section 2	**Questions**

Have you or your child tested positive for COVID-19 in the past 14 days?

Yes ☐ *-or-* No ☐

Have you or your child experienced symptoms of COVID-19 in the past 14 days?
(symptoms include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste and/or smell)

Yes ☐ *-or-* No ☐

Have you or your child been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID19?

Yes ☐ *-or-* No ☐

Have you recently traveled to a state with a positive COVID-19 test rate higher than 10% per 100,000 residents, or higher than a 10% test positivity rate, over a seven-day rolling average?

Yes ☐ *-or-* No ☐

Signature: *I hereby affirm that to the best of my knowledge, all answers above are true.*

Parent Name	Signature	Date

Immediately upon completion, please submit this form to your Nassau County Hockey Representative