

# Health Screening Assessment

## COVID-19 Questionnaire



Purpose: As mandated by Nassau County, this form must be completed daily by every Skater 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 Cantiague Figure Skating Club.

Section 1		Player & Parent Information	
Date:	Skaters/Coaches 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? <p style="text-align: center;">Yes <input type="checkbox"/> -or- No <input type="checkbox"/></p>	
Have you or your child experienced symptoms of COVID-19 in the past 14 days? <i>(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)</i> <p style="text-align: center;">Yes <input type="checkbox"/> -or- No <input type="checkbox"/></p>	
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 COVID-19? <p style="text-align: center;">Yes <input type="checkbox"/> -or- No <input type="checkbox"/></p>	
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? <p style="text-align: center;">Yes <input type="checkbox"/> -or- No <input type="checkbox"/></p>	

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

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Name

**Immediately upon completion, please submit this form to your Cantiague Figure Skating Club Representative.**