



## JERSEY CREW SOCCER CLUB COVID-19 QUESTIONNAIRE

1. Name: \_\_\_\_\_
2. Fever Yes    No
3. Sore Throat Yes    No
4. Chills Yes    No
5. Muscle Aches Yes    No
6. Headache Yes    No
7. New loss of taste or smell Yes    No
8. Abdominal Pain, nausea, vomiting or diarrhea Yes    No
9. Have you had close contact with someone who is sick? Yes    No
10. Have you been diagnosed with COVID-19 in the past 3 weeks or have reason to believe you have COVID-19 Yes    No
11. Have you traveled or had close contact with anyone who has traveled internationally in the last 14 days? Yes    No
12. Temperature at this time: (Taken by Jersey Crew): \_\_\_\_\_

To participate today, each participant must fill out this questionnaire the day of the ID Camp

Thank you,  
Jersey Crew Soccer Club