



Somers Point Street hockey



COVID-19 Daily Screening for Players and Coaches

Parents/Guardians: Please review this checklist each day **prior to arriving at the courts** to determine if your child is experiencing any of the symptoms listed below.

Note that you are not submitting this checklist every day. Rather, by completing the registration process you are certifying that you are performing these daily screenings and following the guidelines. Please keep a copy of this checklist at home.

SECTION 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms and: **** KEEP CHILD HOME FROM IF THEY HAVE: ****

Column A (**ANY ONE (1) OR MORE**) SYMPTOMS

<input type="checkbox"/>	Fever (100.4 degrees or higher) *
<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	Difficulty breathing
<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

Column B (**ANY TWO (2) OR MORE**) SYMPTOMS

<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

If **AT LEAST ONE field in column A** is checked off - OR - **TWO OR MORE of the fields in Column B** are checked off, keep your child home and contact your child's healthcare provider and/or your local health department for further guidance. ***Temperature must be below 100.4 degrees WITHOUT MEDICATION to lower it.**

SECTION 2: Close Contact/Potential Exposure

<input type="checkbox"/>	Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	Your child has traveled to an <u>area of high community transmission.</u>

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



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NOTE: If you child needs to remain at home, please **Contact your coach** as soon as possible.