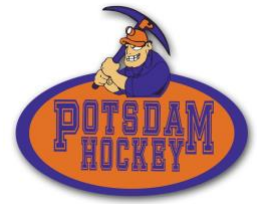


# PJHA VISITING TEAM

## COVID-19 Health Screening Questionnaire



- Participant and spectator (1) will be required to answer the questions stated below before entering Pine Street Arena.
- Should any individual (participant or spectator) answer “yes” to any of the questions below or have a temperature above 100.4, they will NOT be allowed to come to the rink today.

PLAYER NAME: \_\_\_\_\_  
FIRST & LAST NAME

PLAYER NAMED ABOVE HAD TEMPERATURE  
BELOW 100.4\*F WITHIN 2 HOURS OF GAME TIME YES \_\_\_\_\_ NO \_\_\_\_\_

SPECTATOR NAME: \_\_\_\_\_  
FIRST & LAST NAME

SPECTATOR NAMED ABOVE HAD TEMPERATURE  
BELOW 100.4\*F WITHIN 2 HOURS OF GAME TIME YES \_\_\_\_\_ NO \_\_\_\_\_

SPECTATOR CONTACT INFORMATION:

CELL PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

1. Have you or anyone in your household had a sore throat, cough, chills, body aches, shortness of breath, loss of smell, loss of taste, diarrhea, vomiting, fever at or greater than 100.4 degrees Fahrenheit in the last 10 days?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Have you or anyone in your household been tested for COVID-19 due to contact and/or symptoms and awaiting results or tested positive requiring mandatory quarantine per NYSDOH guidelines? NOTE: EXCLUDES routine tests required for employment and/or student-athletes.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19 OR been contacted by NYSDOH requiring mandatory quarantine?

YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PJHA appreciates your support, honesty, and understanding of the PJHA COVID-19 Mitigation Plan.  
Thank you for helping us ensure the safety of ALL participants and spectators and for  
doing your part to help let the participants continue to play.**