



Tennis Health Questionnaire (NJ)

To provide a safe environment, the following health questionnaire must be completed by all individuals playing in a tennis match. This Health Questionnaire must be completed & signed before your match and given to the club at which you are playing upon your arrival. **ANSWERS ARE REQUIRED FOR ALL QUESTIONS**

Player Name: _____

Player Email: _____

- 1.) In the last 14 days, have you experienced COVID-19 symptoms, including fever of 100.4 Fahrenheit (or 38 degrees Celsius) or over, or chills; cough, shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea?
 Yes
 No

- 2.) In the past 10 days, have you tested positive for COVID-19?
 Yes
 No

- 3.) To the best of your knowledge, within the past 14 days, have you been exposed to any individual who has symptoms of or has tested positive for COVID-19 and/or traveled to any known hot-spots for COVID-19? Exposure means a household member, intimate partner, or other individuals in prolonged close contact (within 6 feet for more than 15 consecutive minutes). To see the list of states and territories that meet New Jersey's criteria for required quarantine, please visit <https://covid19.nj.gov/>
 Yes
 No

- 4.) In the past 14 days, have you traveled internationally or returned from a state identified by New Jersey as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours?) For the New Jersey Travel Advisory, please visit <https://covid19.nj.gov/>
 Yes
 No

Player Acknowledgment

I, the undersigned, acknowledge and agree that the information provided herein is accurate to the best of my knowledge.
