



**ROCKAWAY ROCKETS FOOTBALL ASSOCIATION, INC.**

**COVID-19 QUESTIONNAIRE**

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Parent/Guardian Cell Phone Number:  
\_\_\_\_\_

**COVID-19 Questions:**

**Circle One**

Has the participant been diagnosed with Coronavirus (COVID-19)?      YES      NO

If diagnosed with Coronavirus (COVID-19), were they symptomatic?      YES      NO

If diagnosed with Coronavirus (COVID-19), were they hospitalized?      YES      NO

Has any member of the participant's household been diagnosed with Coronavirus (COVID-19)?      YES      NO

Has the participant or member of the household been on vacation in any of the listed hotspots? (Current Online List)      YES      NO

If so, what date did you return to NJ? \_\_\_\_\_

To participate in any workouts, practices or games, the participant or parent/guardian must complete this form.

Participant Name: \_\_\_\_\_

Name of Parent/Guardian if participant is a minor: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_